

Case Number:	CM13-0010163		
Date Assigned:	12/27/2013	Date of Injury:	08/17/1987
Decision Date:	03/04/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 58 year old female who sustained a work-related injury on 8/17/87, causing back pain and radiculopathy. A lumbar MRI taken on 1/9/09 revealed a small left foraminal tear superimposed upon a moderate degenerative disc, and facet changes. There were signs of degenerative disc disease and facet disease at L5-S1, which resulted in borderline canal stenosis without foraminal stenosis. The patient's history of treatment includes aquatic therapy, radiofrequency ablation (3/9/12), medial branch blocks, lumbar epidural steroid injection, medication, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

bilateral epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and facilitating progress in more active treatment programs, as well as helping to avoid surgery; however, this

treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); 3) Injections should be performed using fluoroscopy (live x-ray) for guidance; 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections; 5) No more than two nerve root levels should be injected using transforaminal blocks; 6) No more than one interlaminar level should be injected at one session; 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year; 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. The MRI of the lumbar spine dated 1/19/09 revealed degenerative disc disease and facet disease resulting in borderline canal stenosis without foraminal stenosis at L5-S1. This borderline finding does not corroborate the physical findings of radiculopathy. Additionally, the injured worker has undergone numerous ESIs over the course of the past four years with varying degrees of pain relief; however, none of the previous ESIs provided 50% pain relief for greater than 6-8 weeks, the MTUS criteria for repeat ESI. Also, the request is for bilateral ESI, whereas the latest progress report dated 10/16/13 only indicates radiculopathy down the left leg. As such, the request is not medically necessary.