

Case Number:	CM13-0014659		
Date Assigned:	10/07/2013	Date of Injury:	03/31/2009
Decision Date:	02/06/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/22/2013

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 Occupational 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.

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 48-year-old female with a work-related injury on 3/31/09 to her right elbow, right hand and low back. Patient has been treated with PT, Acupuncture, medications including Toradol, Gabapentin 600mg, Zofran 4mg and Robaxin 750mg. She has also had an ESI in 10/2012 with greater than 50% relief for 3 weeks. No reported change in meds. She is status post right carpal and cubital tunnel release. Her most recent lumbar MRI's on 4/6/10 reveal 3mm paracentral disc bulge at L4-5 with moderate lateral recess stenosis and neural foraminal narrowing on the left and mild lateral recess stenosis on the right with no significant central canal stenosis, while at L5-S1 there was a 2-3mm disc bulge with annular tear and mild bilateral recess stenosis with no significant neural foraminal narrowing or central spinal stenosis. PTP PR2 dated 7/17/13 reveals patient complaining of low back pain with radiation to the right leg and neck pain with pain into the arm. Findings revealed paraspinal spasms, decreased ranges of motion, decreased strength in right lower leg and positive seated SLR at 50 degrees on the right. Her diagnosis is status post right carpal and cubital tunnel release, L4-5/L5-S1 discopathy and protrusion, right shoulder tendinopathy, cervical sprain/strain, discopathy and spondylosis at C5-6, right ulnar and median nerve compression. The request is for a right L4-S1 transforaminal block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-S1 transforaminal block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has had one ESI with gave relief for 3 weeks. There was no evidence of reduction in medication use in that time. The criteria for a second ESI are reduction in pain of 50% for at least 6-8 weeks. The patient did not meet this criteria in the first block. 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." Therefore, the second ESI is not necessary.