

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0017190 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 03/29/2008 |
| Decision Date: | 03/19/2014 | UR Denial Date: | 08/16/2013 |
| Priority: | Standard | Application Received: | 08/27/2013 |

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 & 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:

45 year old male injured worker with date of injury 3/29/08. He is diagnosed with status post anterior and posterior lumbar fusion at L3-L4 with instrumentation; L4-L5 posterior disc bulge; left L5 radicular pain, and severe depression. He had a failed lumbar back surgery syndrome with intractable chronic lumbar backache, bilateral lower extremity radicular pain, referred pain, and recurrent myofascial strain. Lumbar MRI dated 5/4/11 documented presence of L3-L4 posterior lumbar stable bony fusion with postoperative changes of laminectomy and fusion. Electrodiagnostic studies of the lower extremities on 3/27/12 documented chronic denervation pattern indicating left L4 radiculopathy. He has been treated with physical therapy, epidural steroid injections, and medication. The date of UR decision was 8/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Transforaminal Epidural Injection: Overturned

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

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 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) 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 "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. I respectfully disagree with the UR physician's assertion that there were no sensory or motor deficits on clinical exam. Per 1/24/13 record, there is decreased sensation in the left lateral calf as compared to the right. Per 11/7/13 evaluation left leg weakness was noted, with positive SLR on the left. The MRI findings are concordant with the physical exam, and the EMG demonstrates left L4 radiculopathy. The request is medically necessary.