Case Number:	CM13-0017694		
Date Assigned:	12/11/2013	**Date of Injury:**	10/24/2000
Decision Date:	01/24/2014	**UR Denial Date:**	08/16/2013
Priority:	Standard	**Application Received:**	08/28/2013

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 Internal 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 sustained industrial injuries on 2/93-7/12/2001. She continues to have pain in her neck and upper back. She has pain traveling to her upper extremities and right lower extremity, with numbness, tingling, and weakness. Examination of the cervical spine reveals paravertebral muscle tightness. There is spasm and tenderness of the bilateral trapezius muscles and scapular regions. There is tenderness of the thoracolumbar junction, with paravertebral muscle spasms and restricted range of motion. There is tenderness in the direction of the right sciatic nerve down to the calf. Power of the extensor hallucis longus on the right is 3/5+. The MRI of the lumbar spine, dated February 16, 2012, revealed a 3-4 mm disc bulge at L4/L5 causing moderate right and mild-to moderate left neural foramina narrowing. There is a 2-3 mm disc bulge at L3/L4 and L5/S1. There is a focus of abnormal T2 signal intensity in the distal cord at the level of the T12 vertebral body measuring 8 x 3 x 3 mm. The EMG and nerve conduction studies of the lower extremities, dated February 16, 2012, revealed decreased amplitude of compound motor action, potential on the right extensor digitorum brevis muscle when compared with the opposite side, most likely secondary to atrophy of this muscle. At issue is whether lumbar transforaminal ESI at L4-5 (x3 or as needed) is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal ESI at L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46, 75, 80, 84 and 111.

Decision rationale: The ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 states that although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. (Text page 300). The CA MTUS 2009: 8 C.C.R. Â§Â§9792.20 - 9792.26. Chronic Pain Medical Treatment Guidelines Complaints: ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8 states that the purpose of Epidural steroid injections (ESIs) 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. This section goes further to state that, Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Though, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Therefore, lumbar transforaminal ESI at L4-5 (x3 or as needed) is not medically necessary.