

Case Number:	CM13-0027148		
Date Assigned:	06/06/2014	Date of Injury:	07/01/2005
Decision Date:	07/14/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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 expert 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 worker is a 40 year old male who was injured on 7/1/05. He later was diagnosed with lumbar pain with left leg radiculopathy. He was treated with conservative therapies such as oral medications and physical therapy, surgery, and epidural injections, however, the pain had become recurrent and chronic. The injections seems to help him significantly in the past. An MRI of the lumbar spine was done on 7/29/13 due to increasing lower extremity pain and weakness and showed, compared to the last MRI from 9/27/10, no significant changes and there was mild to moderate left and mild right neural foramina stenosis at L4-L5 and mild to moderate right and moderate left neural foramina stenosis at L5-S1. Another recommendation was made by his treating physician to inject the left L4-L5 and left L5-S1 areas as was done in the past with success.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL INJECTION FOR LEFT L4-L5, L5-S1 TRANSFORAMINAL EPIDURAL.:

Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chapter: Criteria for the use of Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. The last reviewer recommended omitting the left L4-L5 injection. However, with previous success with injections and MRI imaging suggestive of moderate stenosis of both the left L4-L5 and the left L5-S1 areas, and the criteria for injections being met, the Epidural Injection for left L4-L5, L5-S1 Transforaminal Epidural is medically necessary.