

Case Number:	CM13-0030285		
Date Assigned:	11/27/2013	Date of Injury:	02/16/2002
Decision Date:	01/30/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/30/2013

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 Spine Surgery, and is licensed to practice in New York. 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 sustained an industrial injury on February 16, 2002. The patient has been under the care of a physician for lumbar radiculitis. MRI of the lumbar spine from October 2010 and reveals a normal for age lumbar spine MRI without evidence of spinal stenosis fracture or instability. The patient also has shoulder pain and is treated with physical therapy. He uses a TENS (transcutaneous electrical nerve stimulation) unit for his back pain. The patient complains of numbness and tingling in his legs. He has difficulty walking because of pain. The pain radiates to his legs. Physical examination reveals reduced range of motion of the spine with tenderness over the paraspinal muscles. Straight leg raising is positive on the right. Deep tendon reflexes are diminished at the Achilles bilaterally. Another MRI the lumbar spine demonstrates a 2 mm disc protrusion at L3-4 and a 2 mm disc protrusion at both L4-5 and L5-S1. There is no significant neural compression. At issue is whether lumbar epidural steroid injection at L4-5 and L5-S1 is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 lumbar epidural steroid infusion under fluoroscopic guidance, times one: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines , "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" Lumbar epidural steroid injection is not medically necessary in this patient. Criteria for lumbar epidural steroid injection I'm not met. Specifically there is no documentation on the lumbar MRI imaging of any specific nerve root compression. There is no documentation of lumbar radiculopathy on physical examination. The MRI from October 2010 is reportedly normal without evidence of spinal canal or neurologic compression. Significant neurologic deficit or radiculopathy is not noted on physical examination. Established criteria for lumbar epidural steroid injection are not met. The request for L4-S1 lumbar epidural steroid infusion under fluoroscopic guidance, times one, is not medically necessary or appropriate.