

Case Number:	CM13-0036904		
Date Assigned:	12/13/2013	Date of Injury:	08/06/2007
Decision Date:	02/14/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/22/2013

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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 is a 66-year-old female who continues to experience low back pain after an injury that occurred on August 6, 2008. The patient experienced lower back pain radiating to both buttocks. Diagnoses included lumbar degenerative disc disease and lumbar spinal stenosis. An MRI of the lumbosacral spine showed moderate to severe bilateral foraminal stenosis at L3-4 and L4-5. Quadriceps strength was documented at 4/5 bilaterally, and the patellar reflex was decreased bilaterally, more on the left than right. The patient had been treated with analgesics, physical therapy, and epidural steroid injections. The steroid injections afforded pain relief for approximately two months, but the patient was still using significant narcotic medication for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral transforaminal epidural injection at L3-4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 294.

Decision rationale: Epidural steroid injections 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. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. 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. The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. To receive ESIs, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, the patient should be initially unresponsive to conservative treatment, and, 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. The patient in this case was experiencing pain that radiated into both buttocks. There was no clear description of dermatomal distribution of the pain. There was no significant weakness in either leg. Therefore, the patient did not have clearly documented radiculopathy. Radiculopathy is the indication for the injection. Furthermore, the patient had already undergone two epidural steroid injections. The patient had attained significant relief after the last injection, but the duration was approximately two months and there was no documentation of the patient's decreased analgesic use. Medical necessity has not been established; therefore, the request is non-certified.