

Case Number:	CM13-0039253		
Date Assigned:	12/18/2013	Date of Injury:	11/18/2010
Decision Date:	04/21/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

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 Family Practice, has a subspecialty in 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:

This 40 yr. old female claimant sustained an injury on 11/18/10 resulting in chronic low back and knee pain. She had a diagnosis of degenerative disc disease of the lumbosacral spine. She used muscle relaxants Relafen and Zanaflex. She had also been on Neurontin and Lidoderm patches for sciatic symptoms and sacroiliac arthralgia. Her pain level would be up to a 6/10. The claimant underwent a right transforaminal steroid injection on 8/8/13. Her pain was a 1-2/10 after the procedure. A follow up note on 9/3/13 indicated a 3-4/10 pain with medication and 6 without. Her exam findings showed painful range of motion of the spine and a negative straight leg test. She was given a diagnosis of myofascial sprain. She was to continue her medication, home exercise and hot/ice packs. A request was made on 9/17/13 for an additional epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT 2ND LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY GUIDANCE FOR L5-S1-RIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

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

Decision rationale: Note: 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) The patient must be 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. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the documentation did not indicate radiculopathy. The employee was also responding to oral analgesics. The 2nd ESI is not medically necessary.