

Case Number:	CM13-0046868		
Date Assigned:	12/27/2013	Date of Injury:	10/20/2001
Decision Date:	03/31/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/01/2013

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 & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 51 year old with an industrial injury on 10/20/01. A response to the claimant's denied service, dated 10/09/13, notes he has had increasing right sciatic pain. Objective findings included spinal tenderness, positive straight leg rising, and weakness in the right extensor hallucis. What is described as a CT in 2004 showed disc extrusion at L5-S1 and right-sided spinal stenosis. Diagnoses indicate that the patient has a right-sided lumbar radiculopathy with disc extrusion at L5-S1. Treatment has included a previous spinal cord stimulator, Lidoderm patches, and oral analgesics. Treatment now recommended is an epidural steroid injection. A Utilization Review determination was rendered on 10/07/13 recommending non-certification of a "Right L5-S1 selective transforaminal lumbar spine".

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 selective transforaminal lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Guidelines note that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one session. The Official Disability Guidelines (ODG) notes that an epidural steroid injection offers no significant long-term benefit." Criteria include objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. They should be done using fluoroscopy. During the diagnostic phase, a maximum of one to two injections and the second block is not indicated without 30% or more improvement from the first. No more than two nerve roots should be injected using transforaminal blocks and no more than one interlaminar level during one session. If there is a documented response to the therapeutic blocks (50-70% pain relief for at least 6-8 weeks), then up to 4 blocks per region per year may be used. Current research does not support "series-of-three" injections. The claimant does appear to have objective findings of a radiculopathy supported by imaging. Conservative measures have been attempted and failed. One injection is requested. Therefore, there is documented medical necessity for the transforaminal injection.