

Case Number:	CM13-0051627		
Date Assigned:	12/27/2013	Date of Injury:	06/26/1998
Decision Date:	06/20/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesia, 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 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 patient is a 57 year old male injured worker with a date of injury of 6/26/98 with related lumbar pain and radicular symptoms into the right leg and radiating into the right thigh and calf and to the bottom of the right foot. His diagnoses include lumbar strain with myofascial pain; lumbar degenerative disc disease; degenerative facet changes; and lumbar radiculitis. Per a 10/10/13 progress report, exam findings included tenderness along the lumbar paraspinal muscles, ililumbar and sacroiliac regions. The tenderness in the low back was greater on the left than the right, although straight leg raising was positive on the right side causing pain that radiated down to the distal calf and into the bottom of the right foot. Reflexes were 2+ and symmetrical in bilateral knees and ankles as well as internal hamstrings. Manual muscle testing revealed no weakness, but pain limitation was present, with the patient favoring the right side. A lumbar MRI dated 9/12/12 revealed generalized degenerative changes and disc bulging as well as facet degeneration. Mild central canal spinal stenosis was noted at L2-L3 and L3-L4, mostly due to the congenitally short pedicles. He was refractory to acupuncture. The date of UR decision was 10/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION, RIGHT L4-L5 UNDER FLUROSCOPY:

Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS.

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

Decision rationale: Per the MTUS Chronic Pain Guidelines, epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: "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 in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." The medical records submitted for review support the medical necessity of the request. The injured worker has right lumbar radicular symptoms which are increasing. His MRI findings document clinical mild central canal spinal stenosis and physical exam was positive for straight leg raise on the right. The request is medically necessary and appropriate.