

Case Number:	CM13-0053082		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2013
Decision Date:	10/28/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Acupuncture & 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 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:

This is a 53year old male injured worker with date of injury 5/8/13 with related back pain. Per progress report dated 10/17/13, he complained of low back pain that radiated to the bilateral legs rated 8/10 in intensity. Per physical exam, bilateral weakness was noted, straight leg raise was positive bilaterally. Electrodiagnostic studies dated 8/30/13 revealed evidence of bilateral L5 radiculopathy. MRI of the lumbar spine dated 8/30/13 revealed disc desiccation at the L5-S1 level, modic type II endplate degenerative changes noted at L3-L4 level. At L3-L4, diffuse disc protrusion, more marked paracentrally, effacing the thecal sac; narrowing of the left neural foramen that effaces the left L3 exiting nerve root. At L4-L5 a disc protrusion compressing the thecal sac, bilateral neural foraminal stenosis that encroaches the left and right L4 exiting nerve roots. Diffuse disc protrusion with annular tear without effacing the thecal sac. Bilateral neural foraminal stenosis that encroaches the left and right L5 exiting nerve roots. Treatment to date has included physical therapy, acupuncture, chiropractic manipulation, and medication management. The date of UR decision was 11/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 transforminal epidural steroid injection under fluoroscopy: Overturned

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 Page(s): 46.

Decision rationale: Per the MTUS CPMTG 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 documentation submitted for review meets the guideline criteria for injection. There was clinical evidence corroborated by imaging studies documenting radiculopathy. The documentation submitted for review did not contain rationale for the UR physician's denial/modification. The request is medically necessary.