

Case Number:	CM13-0069096		
Date Assigned:	01/03/2014	Date of Injury:	01/29/2013
Decision Date:	06/06/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation 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 35 year old male who was injured on 01/29/2013. The mechanism of injury is unknown. The patient underwent L3-L4, L4-L5 and L5-S1 lumbar transforaminal bilateral epidural injections under fluoroscopy on 06/27/2013 and on 07/16/2013. Diagnostic studies reviewed include MRI of the lumbar spine dated 04/19/2013 demonstrates 1) Diffuse congenital narrowing of the spinal canal; 2) Hemangioma; a 2-3 mm posterior disc bulge at L3-4 with encroachment on the foramina and exiting nerve roots bilaterally; 3) There is a 3 mm pseudo and/or true retrolisthesis at L4-5; 4) There is a 3-4 pseudo and/or true posterior disk protrusion with encroachment on the foramina; compromise on the traversing and exiting nerve roots bilaterally; 5) and there is a 3-4 mm posterior disk protrusion at L5-S1 with encroachment on the foramina; and compromise on the exiting nerve roots bilaterally. Comprehensive Orthopedic re-evaluation note dated 11/05/2013 states the patient complains of low back pain. He had 2 epidural injections, the first injection helped but the other one did not help. He is not in therapy and he is not working. He had been to physical therapy which did not help him much. He is taking Flexeril 7.5 mg and Xanax 1 mg. On clinical examination, his has flexion to 50; Lasegue's sign is positive bilaterally; straight leg raise sitting is +90 bilaterally and lying is +60 bilaterally. Diagnoses are lumbar herniated nucleus pulposus at L3-L4 a 3 mm, L4-5 a 4 mm, and L5-S1 a 4-5 mm with nerve root impingement and radiculopathy bilaterally, right greater than left; anxiety, and insomnia. The patient is recommended chiropractic treatment twice a week for 6 weeks and acupuncture twice a week for 6 weeks. He is instructed to follow-up with [REDACTED] to receive his third epidural injection. No medications were issued at this visit. The patient will be temporarily totally disabled for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

3RD EPIDURAL SPINAL INJECTION L3-L4, L4-L5, L5-S1 BILATERAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: According to California MTUS guidelines, Epidural Steroid Injections (ESIs) are recommended as an option for treatment of radicular pain, but not more than 2 injections. The guidelines document criteria for ESIs: 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." Although the submitted medical records document an MRI confirmed diagnosis of radicular pain, a third steroid injection is not recommended according to the guidelines. Furthermore; the patient's records indicate unhelpful second ESI performed on 07/16/2013. Accordingly, the third bilateral L3-L4, L4-L5 and L5-S1 epidural spinal injection is not medically necessary.