

Case Number:	CM13-0069122		
Date Assigned:	01/17/2014	Date of Injury:	12/07/2012
Decision Date:	06/13/2014	UR Denial Date:	11/18/2013
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 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 29-year-old male injured worker with date of injury 12/7/12, with related low back pain that radiates down the left leg. Per 11/5/13 exam, there was slight tenderness of the lumbar spine. Neurologic examination of the lower extremities showed motor examination intact in all muscle groups tested. Sensation was intact to pinprick and light touch. Reflexes were 2+ bilaterally. Straight Leg Raise examination was negative at 90 degrees for radicular pain. X-ray of the lumbar spine dated 1/21/13 revealed narrowing of the L4 and L5 interspaces, there was lumbar scoliosis present. MRI (magnetic resonance imaging) of the lumbar spine dated 12/10/12 findings: L4-5 demonstrates and left paracentral disc extrusion, having approximate measurement of 1.2 cm transverse x 7 mm AP x 1.2 cm craniocaudal. There is compression of the left traversing L5 nerve root. The L4-5 disc is narrowed and there is loss of the central T2 hyperintense signal seen at the other levels. There is minimal foraminal stenosis identified on the left side at this level not due to disc extrusion but there is a superimposed mild annular disc bulge which does narrow the neural foramen slightly. There is also some facet arthritis which narrows the neural foramen slightly. The exiting L4 nerve root does not appear compressed. He has been treated with physical therapy, epidural injection, and medication management. The date of Utilization Review decision was 11/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI - LEFT L4-L5 TRANSFORAMINAL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections.

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

Decision rationale: Per the MTUS 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, non-steroidal anti-inflammatory drugs (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. The 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 the "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than two epidural steroid injections (ESI). The documentation submitted for review indicates that the injured worker underwent a previous epidural steroid injection in 4/2013. It was noted on 5/22/13 progress report that post procedure the injured worker reported good (50-80%) overall improvement. He reported significant functional improvement and improved mobility. The duration of improvement was 2-3 days. As the MTUS criteria are not met, the request is not medically necessary.