

Case Number:	CM14-0001822		
Date Assigned:	01/22/2014	Date of Injury:	11/14/2007
Decision Date:	03/25/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/06/2014

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 Emergency 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 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:

The patient is a 60-year-old female who was injured on November 14, 2007; she twisted her ankle while walking downstairs and landed on her knees. The patient continued to experience low back pain with radiation down both extremities. Physical examination revealed hypoesthesia of the L5 and S1 dermatome distribution of one foot (not designated in the medical record) and hypoesthesia of the L4 and L5 dermatome distribution of the other foot (not designated in the medical record). Dorsiflexion and plantarflexion of the great toe were decreased bilaterally. An MRI of the lumbar spine, done on April 23, 2008, showed multilevel disc protrusions with nerve root encroachment at the L3, L4, and L5 nerve roots. The patient underwent epidural spinal injection on May 18, 2013 and September 7, 2013. The patient obtained pain relief with the injections. Her pain was documented at 5/10

IMR ISSUES, DECISIONS AND RATIONALES

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

third lumbar epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: According to guidelines, the criteria for the use of epidural steroid injections include: (1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, (2) The patient should be initially unresponsive to conservative treatment such as 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, (8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and (9) Epidural steroid injection is not to be performed on the same day as trigger point injection, sacroiliac joint injection, facet joint injection or medial branch block. In this case the physical examination documented does not support radiculopathy and there is no corroboration by imaging or electrodiagnostic studies. Objective evidence of functional improvement is not evident. The patient does report pain relief at 5/10 after the second injection, but it is unclear what the pain level was prior to the injection. Furthermore per the aforementioned criteria, a series of three injections is recommended. Therefore, the request is not authorized