

Case Number:	CM14-0002227		
Date Assigned:	01/24/2014	Date of Injury:	02/25/2004
Decision Date:	06/12/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 65-year-old female presenting with chronic back pain following a work-related injury on February 25, 2004. The claimant reported low back pain with occasional radiation to the bilateral lower extremities. The physical exam revealed tenderness to palpation of the paraspinal muscles, moderate pain at L5 to the ileum bilaterally, normal reflexes, positive straight leg raise test on the right, and normal motor strength. MRI of the lumbar spine was significant for stable degenerative grade 1 anterolisthesis of L4 on L5 and L5 on S1 with uncovering of the posterior disc multilevel degenerative disc disease of the lumbar spine is seen with multilevel cervical central disc bulges, severe bilateral facet and ligamentous flavum hypertrophy and superimposed bilateral congenital short pedicles, resulting in multilevel lumbar central canal and neuroforaminal stenosis, with severe central canal stenosis seen at L3-4 L4-5 and L5-S1. The claimant has tried medications for her pain. According to medical records the claimant had lumbar epidural steroid injections between December 23, 2013 and February 6, 2014. The claimant was diagnosed with sacroiliac ligaments brain, spinal stenosis of the lumbar region, lumbar disc displacement/herniation and acquired spondylolisthesis. The claimant was made for one bilateral lumbar epidural steroid injection under fluoroscopic guidance at the level of L3-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BILATERAL LUMBER EPIDURAL STEROID INJECTION UNDER FLUOROSCOPIC GUIDANCE AT THE LEVEL OF L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 47.

Decision rationale: The California MTUS states that the purpose of epidural steroid injections is 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. The claim is for more than two nerve roots and the claimant had previous epidural steroid injections without documentation of at least 50% pain reduction following the procedures; therefore, the requested service is not medically necessary.