

Case Number:	CM14-0109319		
Date Assigned:	08/01/2014	Date of Injury:	07/17/2012
Decision Date:	09/17/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Ohio. 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 injured worker is a 57-year-old female who reported an injury on 07/17/2012, the mechanism of injury was not provided within the medical records. The clinical note dated 06/17/2014 indicated a diagnosis of bilateral lumbar radiculitis secondary to degenerative disc disease right greater than left. The injured worker reported constant pain in the low back with intermittent radiation down the right greater than left posterior leg, ranging from 5/10 to 9/10 in severity. The injured worker rated her pain was 6/10 in severity. She was using a TENS unit. The injured worker reported she was able to stand and walk about 15-20 minute intervals. The injured worker reported she took Duexis 1 tablet 3 times a day, Lyrica before bedtime and used 2 Lidoderm patches per day. Physical examination of the lumbar spine active range of motion for a forward flexion was 50% normal, extension was 50% normal, lateral bending to the right was 75% normal, to the left was 100% normal. There was tenderness over the L4 through S1 disc space, mid sacrum bilateral posterior superior iliac spine sacral joint and gluteal musculature. The injured worker's straight leg raise was positive bilaterally. The treatment plan included request for bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injection to decrease radicular pain, refill prescriptions, QME re-evaluation and will return to clinic. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Duexis, Lyrica and Lidoderm patches. The provider submitted a request for bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injections x4. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 AND L5-S1 Transforaminal Epidural Steroid Injection x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for Bilateral L4-L5 and L5-S1 Transforaminal Epidural Steroid Injection x4 is not medically necessary. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. 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. No more than two nerve root levels should be injected using transforaminal blocks. No more than one 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. There is lack of evidence in the documentation provided of exhaustion of conservative therapy, such as NSAIDs and physical therapy. In addition, the official MRI was not submitted for review to corroborate radiculopathy; moreover, current guidelines do not recommend more than 2 epidural steroid injections. The request indicates injections x4, this exceeds the guidelines recommendation. Additionally, the request did not indicate fluoroscopy for guidance for the request for bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injection x4 is not medically necessary.