

Case Number:	CM14-0011094		
Date Assigned:	02/21/2014	Date of Injury:	10/05/2007
Decision Date:	06/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/28/2014

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 Emergency Medicine and is licensed to practice in New York. 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 was injured on October 5, 2007. The patient continued to experience pain in his lower back. Physical examination was notable for weakness in foot dorsiflexion, decreased sensation in the L5/S1 dermatomes, absent left ankle jerk, and left positive straight leg raise. Diagnosis was lumbar degenerative disc disease. CT scan of the lumbosacral spine reported status post L5-S1 pedicle screw fusion with good alignment and distraction with no solid bony fusion. Prior treatment included medications, facet joint blocks, physical therapy, bilateral discectomy at L5-S1, lumbar fusion at L5-S1, medial branch blocks, rhizotomy, and epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANALGESIC BLOCK AT L5-S1, TRANSFORMINAL WITH FLUOROSCOPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intersection and Guidelines.

Decision rationale: Transforaminal analgesic blocks are epidural steroid injections. Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain

in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In this case the patient had known lumbar disc disease. Radiculopathy by physical examination was documented well by the examiner in April 2013. However, there is no corroboration by imaging or electrodiagnostic testing. Criteria for epidural steroid injections have not been met. Therefore, the request for analgesic block at L5-S1, transforaminal with fluoroscopy is not medically necessary and appropriate.