MAXIMUS Federal Services

Case Number:	CM14-0013972		
Date Assigned:	02/26/2014	Date of Injury:	10/11/2001
Decision Date:	12/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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 Family 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:

Claimant is a 69-year-old female with a date of injury October 11, 2001. Reviewed progress note December 11, 2013 at which time claimant presented for neck and back complaints. There was numbness on the left lower extremity to the foot. Patient was doing home exercise program and medications are helping. On exam sensation intact bilateral lower extremities and straight leg raise is positive on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural injection at left L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 303, 309,Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Criteria for the use of Epidural steroid injections (page #46) Note: The purpose of ESI 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 offers no significant long-term functional benefit.1) Radiculopathy must be documented by physical examination and corroborated by imagingstudies and/or electrodiagnostic testing.2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs andmuscle 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 ortherapeutic phase. We recommend no more than 2 ESI injections.According to the available documents, the patient suffers from low back pain and left lower extremity numbness. However, per the most recent examination normal sensation and absence of nerve root tension documented at 45 degrees. Moreover, there is no record that the patient failed conservative treatment and was noted to be improved with exercises and medications. Also there is no corroboration of radiculopathy with imaging study or electrodiagnostic study. Therefore, based on the lack of objective evidence of radiculopathy corroborated by imaging or nerve testing, lack of failure at conservative treatment measures and lack of guideline support, the does not appear warranted and is not medically necessary.