

Case Number:	CM14-0112026		
Date Assigned:	08/01/2014	Date of Injury:	08/28/2003
Decision Date:	09/17/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/18/2014

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 69 year old male presenting with chronic pain following a work related injury on 08/28/03. The claimant reported bilateral low back pain. The pain radiates down to the right posterior buttocks and thigh. The pain is rated at 6-7/10 with medications. The claimant had a transforaminal epidural steroid injection on 03/10/2014 and reported a 70% reduction in pain that lasted 2 months and previous to that an epidural steroid injection on 11/12/2013 reporting an 80% reduction in pain. The claimant also reported a decrease in medication intake after the injections. The claimant's medications included Norco, Soma, Celebrex, Lyrica, Senna, and Colace. The physical exam showed slight discomfort while seated, severe tenderness to palpation of lumbar spine right greater than left, right sided supine straight leg raise at 35 degrees with complaint of right low back pain radiating down the right lower extremity, left sided limp arising from chair, dyesthesia along lateral right thigh. MRI of the lumbar spine on 2/5/2013 showed L4-5 disc fragment, L4-5 and L5-S1 bilateral foraminal narrowing, central canal L4-5 is low normal. The claimant was diagnosed with chronic right low back pain, right lower extremity pain, right radicular pain, L4-5 disc herniation with fragment, multiple degenerative lumbar disc and drug-induced constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 - L5, L5 - S1 Transforaminal ESI (Epidural Steroid Injections): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 47.

Decision rationale: The California MTUS page 47 states "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. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. 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. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." While a right epidural steroid injection would be appropriate a left sided epidural steroid injection is not medically necessary given that the physical exam does not corroborate lumbar radiculitis for which the procedure was requested. Additionally, a total of four levels was requested, Ca MTUS does not recommend more than 2 levels; therefore the requested service is not medically necessary.