

Case Number:	CM14-0120214		
Date Assigned:	09/22/2014	Date of Injury:	03/21/2001
Decision Date:	12/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/29/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 is a 56 year old female with date of injury 3/21/2001. The mechanism of injury is stated as a fall. The patient has complained of low back pain with radiation of pain into the bilateral lower extremities since the date of injury. She has been treated with medications, epidural steroid injections, physical therapy and TENS unit. MRI of the lumbar spine performed in 06/2014 revealed disc disease, facet arthropathy and moderate foraminal stenosis at L3-4, L4-5, L5-S1. Objective: decreased and painful range of motion of the lumbar spine; tenderness to palpation of the bilateral lumbar spine musculature. Diagnoses: lumbar disc disease with radicular symptoms. Treatment plan and request: Nerve root block at bilateral L3-4, bilateral L4-5 and bilateral L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Block Bilateral L3-L4 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); Criteria for the use of Epidur.

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

Decision rationale: This 56 year old female has complained of low back pain with radiation of pain into the bilateral lower extremities since date of injury 3/21/2001. She has been treated with medications, epidural steroid injections, physical therapy and TENS unit. The current request is for bilateral nerve root block at L3-4. Per the MTUS guidelines cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (1) above. Specifically, there is no documentation of radiculopathy in a dermatomal distribution at the requested level of injection. On the basis of the above MTUS guidelines and available provider documentation, lumbar epidural steroid injection at bilateral L3-4 is not indicated as medically necessary.

Selective Nerve Root Block Bilateral L4-L5 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); Criteria for the use of Epidur.

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

Decision rationale: This 56 year old female has complained of low back pain with radiation of pain into the bilateral lower extremities since date of injury 3/21/2001. She has been treated with medications, epidural steroid injections, physical therapy and TENS unit. The current request is for bilateral epidural steroid injection at L4-5. Per the MTUS guidelines cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (7) above. Specifically, there is no documentation of improvement in pain of at least 50% and improvement in function after the epidural steroid injection performed in 05/2014. On the basis of the above MTUS guidelines and available provider documentation, lumbar epidural steroid injection at bilateral L4-5 is not indicated as medically necessary.

Selective Nerve Root Block Bilateral L5-S1 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); Criteria for the use of Epidur.

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

Decision rationale: This 56 year old female has complained of low back pain with radiation of pain into the bilateral lower extremities since date of injury 3/21/2001. She has been treated with medications, epidural steroid injections, physical therapy and TENS unit. The current request is for bilateral epidural steroid injection at L5-S1. Per the MTUS guidelines cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (7) above. Specifically, there is no documentation of improvement in pain of at least 50% and improvement in function after the epidural steroid injection performed in 05/2014. On the basis of the above MTUS guidelines and available provider documentation, lumbar epidural steroid injection at bilateral L5-S1 is not indicated as medically necessary.