

Case Number:	CM14-0122803		
Date Assigned:	08/08/2014	Date of Injury:	01/09/2009
Decision Date:	09/25/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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 North Carolina. 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 54 year-old with a reported date of injury of 01/08/2009. The patient has the diagnoses of lumbosacral spondylosis, lumbago, joint pain NOS, myalgia/myositis NOS, lumbar sprain, lumbar and lumbosacral degenerative disc disease, lumbosacral neuritis and knee pain. The documents provided for review include dates physician notes from 2004-2011 but nothing more recent. Per review past treatment modalities for the patient have included surgical intervention on the knee, TENS units, pain medication and physical therapy. Per the utilization review the patient had an MRI in 7/21/2014 that showed no disc herniation. There is no more current documentation from the requesting physician for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 transdoraminal ESI: 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 epidural steroid injections (ESI) Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines section on ESI states, "Criteria for the use of Epidural steroid injections: 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 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." Without documentation there is no way to corroborate that the request meets criteria as listed above, In particular there is no documentation of radiculopathy by exam with corroboration on imaging studies. There is no way to tell if the patient has received previous ESI and the outcome. There is no way to tell if conservative therapy has failed. For these reasons the request cannot be certified. The request is not medically necessary and appropriate.