

Case Number:	CM14-0155379		
Date Assigned:	09/25/2014	Date of Injury:	03/20/2012
Decision Date:	12/09/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/23/2014

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 Florida. 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 female with a date of injury of 3/20/2012. The exact mechanism of injury is not described, but it is stated that her injuries were a result of mental stress and work conditions. She has the following diagnoses per a 2/25/2014 orthopedic consultation note: Thoracic strain, Lumbar strain, chronic cervical strain and radiculopathy, psychiatric disturbance, gastrointestinal issues related to medication, and multilevel degenerative changes of the lumbar spine from L2-L3 and L5-S1. Prior treatment has included physical therapy and chiropractic care. She has previously had an MRI performed, but the results were not provided in the documentation. They are, however, discussed as follows: MRI shows some lateral recess stenosis at L3-L4, L4-L5. There is some degeneration and annular tearing at L3-L4 and some foraminal narrowing at L4-L5 and L5-S1. Her orthopedic doctor recommended bilateral epidural steroid injections at L4-L5 and L5-S1 where he states "we see the lateral recess stenosis." A utilization reviewer (whose specialty is orthopedic surgery) did not certify this request stating that there is no documentation of a radiculopathy and that there is no corroboration with documentation of MRI results to indicate nerve root compression at L4-L5 and L5-S1 bilaterally. An independent medical review was requested to determine the medical necessity of this service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at right L4-5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 80.

Decision rationale: California MTUS Guidelines state the following Criteria for the use of Epidural steroid injections: 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 [non-steroidal anti-inflammatory drugs] 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. We recommend no more than 2 ESI injections. Regarding this patient's case, California MTUS criteria are not met as there is no documentation of a radiculopathy by physical exam, imaging studies, or diagnostic testing. Likewise, this request for bilateral epidural steroid injections at L4-L5 and L5-S1 is not medically necessary.

Lumbar epidural steroid injection at left L4-5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 80.

Decision rationale: California MTUS Guidelines state the following Criteria for the use of Epidural steroid injections: 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 "series-of-three" injections in either the diagnostic or
therapeutic phase. We recommend no more than 2 ESI injections. Regarding this patient's case
California MTUS criteria is not met as the utilization review physician is correct that there is no
documentation of a radiculopathy by physical exam, imaging studies, or diagnostic testing.
Likewise, this request for bilateral epidural steroid injections at L4-L5 and L5-S1 is not
medically necessary.