

Case Number:	CM14-0156402		
Date Assigned:	09/25/2014	Date of Injury:	04/11/2010
Decision Date:	11/13/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/22/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 53 year old female with complaints of low back pain and numbness bilateral legs. The date of injury is 4/11/10 and the mechanism of injury is falling injury as the chair she was sitting in rolled backwards and she fell leading to her current symptoms. At the time of request for Right L4-5-S1 Epidural Steroid Injection, there is subjective (low back pain, numbness lower extremities) and objective (bilateral straight leg raise, decreased range of motion lumbar spine, decreased lower extremity strength) findings, imaging findings (MRI lumbar spine dated 6/16/10 shows multi-level disc protrusions L2/3, L4/5,L5/S1, nerve root compression at L2/3, facet arthropathy L4/5), diagnoses (Myofascial pain syndrome, lumbar and cervical strain, lumbosacral and cervical radiculopathy), and treatment to date (epidural steroids, physical therapy, home exercise program, medications, trigger point injections). Epidural steroid injections are indicated if several criteria are met: 1. There needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. 2. Failure of conservative treatment 3. Epidural injection should be performed using fluoroscopy 3. A second epidural injection should not be done if the first block did not lead to significant reduction in pain 4. No more than 2 nerve root levels should be injected using transforaminal blocks 5. No more than one intra-laminar level should be injected at one session 6. Repeat therapeutic blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief as well as documented attempts of medication reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5-S1 Epidural Steroid Injection: Upheld

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

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

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines, Epidural steroid injections are indicated if several criteria are met: 1. There needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. 2. Failure of conservative treatment 3. Epidural injection should be performed using fluoroscopy 3. A second epidural injection should not be done if the first block did not lead to significant reduction in pain 4. No more than 2 nerve root levels should be injected using transforaminal blocks 5. No more than one intra-laminar level should be injected at one session 6. Repeat therapeutic blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief as well as documented attempts of medication reduction. This patient has clinical findings of L4, L5, S1 radiculopathy/radicular pain. There has been documented successful analgesic response to previous epidural steroid injections. However, the physician is requesting a 3 level injection. Also, there were no procedure/operative notes for previous epidural steroid injections to confirm the levels injected. Therefore, unfortunately, the request for a 3 level L4, L5, S1 epidural steroid injection under fluoroscopy is not medically necessary.