

Case Number:	CM14-0157315		
Date Assigned:	09/30/2014	Date of Injury:	07/17/2012
Decision Date:	11/24/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 58 year old male employee with date of injury of 7/17/2012. A review of the medical records indicates that the patient is undergoing treatment for spinal stenosis of the lumbar region without neurogenic claudication and osteoarthritis of the hip. He also has left rotator cuff tendinitis, left shoulder biceps tendinitis, left elbow pain, left medial epicondylitis and left carpal tunnel syndrome. Subjective complaints include chronic bilateral lower back pain described as dull and sharp, constant but variable in intensity; low back stiffness and spasms also noted. The patient also experiences right lower extremity weakness and numbness. He states that he has left sided arm and elbow pain that radiates to the left hand which causes him to awaken at night. They patient are taking Ibuprofen which gives him 50% reduction in pain. He is taking Trazodone for a sleep disorder. Objective findings include examination of left shoulder revealing tenderness and loss of range of motion; right elbow exam reveals decreased flexion and audible popping with flexion and extension over that lateral extensor mechanism. Examination of back revealed tenderness and spasm of lumbar region, with evidence of myelopathy. Treatment has included Kenalog and Lidocaine injection. The patient has completed a functional restoration program and states he is doing home exercises. He completed physical therapy for the left shoulder and elbow but as of 8/14, his treating physician recommends that he repeat physical therapy. He ambulates with an antalgic gait. Medications have included Ibuprofen, Lisinopril, Tramadol, Trazodone, Xanax, Prednisone (discontinued) and Zoloft. The patient states that Tramadol decreases pain and allows for greater functionality. The utilization review dated 9/17/2014 non-certified the request for Right L4-L5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." While the medical documents provided noted rehab efforts, the details of these efforts was not detailed by the treating physician. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 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. We recommend no more than 2 ESI injections. Radiculopathy does appear to be documented with imaging studies. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do indicate other conservative treatments were tried but the outcomes of those treatments is not detailed by the treating physician. As such, the request for Right L4-L5 Transforaminal Epidural Steroid Injection is not medically necessary.