

Case Number:	CM14-0157520		
Date Assigned:	09/30/2014	Date of Injury:	09/20/2012
Decision Date:	10/28/2014	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 Occupational and Environmental Medicine, has a subspecialty in Public Health, and is licensed to practice in West Virginia and Ohio. 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 individual is a 59-year-old male who sustained an industrial injury involving his low back on 9/20/2012. Available records indicate he complains of low back pain 6-9/10 with radicular symptoms. He is post lumbar vertebral fusion of L3-4, L4-5 and L5-S1 performed in March of 2013. This surgery was following an L4-5 nerve root block 4 months earlier in December of 2012. An MRI performed in December of 2013 reports the L4-5 fusion and hardware are intact without evidence of canal stenosis or foraminal narrowing. A CT of the lower back done that same month notes extensive laminectomy changes at L4-5. Records note the longterm use of opioids for pain control, as well as use of anti-inflammatories and tricyclic anti-depressants. Physical examination findings include paraspinal and facet tenderness L2 through L4. Lower extremity strength is grossly normal with reduced low back range of motion. There is a description of loss of sensation in a dermatomal distribution consistent with L4-5; however an electro-diagnostic study completed in May of 2014 noted no evidence to support lower extremity neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 transforaminal epidural steroid injections (quantity: 2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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 rationale: The 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." There are no corroborative findings beyond examination reports and no notation of the nature of medication or therapy failure. The MTUS further defines the criteria for epidural steroid injections to include: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; the patient must be shown to have been initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); injections should be performed using fluoroscopy (live x-ray) for guidance; if used for diagnostic purposes, a maximum of two injections should be performed, with a second block not recommended if there is inadequate response to the first block, and with subsequent block at an interval of at least one to two weeks between injections; no more than two nerve root levels should be injected using transforaminal blocks; no more than one interlaminar level should be injected at one session; 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; and 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 not appear to be documented with imaging studies or electrodiagnostic testing. The worker is taking multiple medications, but the progress reports do not document how long he has been on these medications and the degree of "unresponsiveness" to the medications. As such, the request for L4-L5 bilateral transforaminal lumbar epidural steroid injection x2 is deemed not medically necessary.