

Case Number:	CM14-0166358		
Date Assigned:	10/13/2014	Date of Injury:	02/10/1991
Decision Date:	11/25/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/09/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine, and is licensed to practice in California. 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 claimant is a 62-year-old male injured worker with a date of injury of 2/10/91 with related low back pain. Per progress report dated 9/2/14, the injured worker complained of increasing pain and numbness in both lower extremities, but he denied bowel or bladder incontinence. Per physical exam of the lumbar spine, tenderness was noted from L2-S1 with diminished and painful lumbar range of motion. MRI of the lumbar spine dated 4/30/13 revealed evidence of moderate neuroforaminal narrowing bilaterally at L1-L2, mild foraminal narrowing bilaterally at L2-L3, and moderate neuroforaminal narrowing at L4-L5. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 9/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar caudal epidural steroid injection as an outpatient: Upheld

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

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; the patient must be 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. 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; 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. Guidelines recommend no more than 2 ESI injections. The documentation submitted for review states that the injured worker had pain and numbness in a dermatomal pattern about L4 and L5. The submitted MRI records demonstrate findings consistent with radiculopathy. The documentation submitted does not include EMG/NCS. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed.