

Case Number:	CM14-0166887		
Date Assigned:	10/16/2014	Date of Injury:	06/13/2008
Decision Date:	11/18/2014	UR Denial Date:	09/15/2014
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 Anesthesiology, 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:

56y/o male injured worker with date of injury 6/13/08 with related low back pain. Per progress report dated 7/14/14, the injured worker complained of constant low back pain that radiated into the lower extremities. He rated his pain 8/10 in intensity. Per physical exam, there was palpable paravertebral muscle tenderness with spasm. Seated nerve root test was positive. There was tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot, L5 and S1 dermatomal patterns. Sensory exam was within normal limited bilaterally. Weakness of the extensor muscles of the lower leg was noted. MRI of the lumbar spine dated 12/5/11 revealed a broad-based disc protrusion at L3-L4 which combined with mild facet joint arthropathy resulting in mild canal stenosis; a 3mm broad-based disc protrusion at L5-S1 resulting in effacement of the ventral epidural fat without overall canal or foraminal stenosis; mild levoconvex scoliosis centered at L3-L4 level. Treatment to date has included physical therapy, and medication management. The date of UR decision was 10/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal lumbar epidural steroid injection using fluoroscopy L4-5, L5-S1:
Upheld

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

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

Decision rationale: Per the MTUS CPMTG 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: 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. 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. Per progress report dated 7/21/14, weakness of the extensor muscles of the lower leg, reportedly in L4-S1 pattern was noted. Straight leg raising test was positive. MRI findings dated 12/5/11 revealed no overall canal or foraminal stenosis at L5-S1. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. There was documentation of normal sensation, and no documentation of reflex deficit. Furthermore, the MRI studies available did not reveal findings at the requested levels. As the first criteria is not met, the request is not medically necessary.