

Case Number:	CM14-0174719		
Date Assigned:	10/27/2014	Date of Injury:	04/02/1980
Decision Date:	12/03/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/21/2014

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:

This is a male injured worker, with a date of injury 4/2/80, with related low back and leg pain. Per progress report dated 9/3/14, the injured worker was status post rod fusion L4-L5 and sacrum laminectomies. He reported 80% pain relief after his last epidural injection, but pain was returning. Per physical exam, there was tenderness about the lumbar facet joints and increased pain with facet loading maneuvers. The bilateral lower extremities had decreased strength, S1 absent deep tendon reflex, and decreased sensation below the knee and in his feet. MRI of the lumbar spine dated 9/13/13 revealed L1-2 marked right lateral recess stenosis and neural foraminal stenosis without significant central canal spinal stenosis, stable mild bilateral neural foraminal stenosis at L2-3 and L3-4 without central canal spinal stenosis at these levels, stable mild right and moderate to marked left-sided neural foraminal stenosis without central canal spinal stenosis at L4-5 and L5-S1. Treatment to date has included injections, physical therapy, and medication management. The date of UR decision was 9/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injections (right L1, L2): Upheld

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

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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8) Current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. No more than 2 ESI injections are recommended. The documentation submitted for review indicates that the injured worker previously underwent right L1, L2 and left L4, L5 transforaminal epidural steroid injections on 1/30/14 and 6/26/14. The injured worker reported 80% pain relief with these injections, lasting at least 8 weeks per 9/3/14 progress report. However, the documentation did not contain an associated reduction in pain medication usage, as such, the request is not medically necessary.

Transforaminal Epidural Steroid Injections (left L4, L5): Upheld

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

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

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