

Case Number:	CM14-0020918		
Date Assigned:	04/30/2014	Date of Injury:	02/11/1997
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Pain Management, and is licensed to practice in Georgia. 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 presents with chronic pain following a work-related injury on February 11, 1997. On January 29, 2014 the claimant complains of pain in the right low lumbar spine radiating into the right leg. The claimant reported that the pain is intractable and affecting his activities of daily living. The physical exam was significant for tenderness over the paraspinal musculature from L3-4 to L5-S1 bilaterally, improved active range of motion and better ambulation. An MRI of the lumbar spine was significant for disc bulging at L2-3 and L3-4, L4-L5 with foraminal and neural narrowing and facet joint hypertrophy, and L5-S1 indicating disc bulging without evidence of foraminal or central canal stenosis. According to medical records the claimant has not initiated physical therapy. The claimant's treatment included Norco daily, which provided temporary pain relief and functional gain. The claimant was diagnosed with low back pain, sciatica, bulging disc, and lumbar facet joint syndrome. The claimant was made for bilateral lumbar transforaminal epidural steroid injection L4-5, L5-S1 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L4-L5 & L5-S1 UNDER FLUOROSCOPY: 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.

Decision rationale: The California MTUS states that the purpose of epidural steroid injections (ESIs) is 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient should be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and if the ESI is for diagnostic purposes a maximum of two injections should be performed. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of three injections in either the diagnostic or therapeutic phase. The physical exam and diagnostic imaging does not corroborate lumbar radiculopathy for which the procedure was requested. Additionally, the claimant failed to complete a full trial of conservative therapy for example physical therapy; therefore, the requested service is not medically necessary.