

Case Number:	CM14-0025512		
Date Assigned:	06/13/2014	Date of Injury:	11/14/2011
Decision Date:	08/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/28/2014

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 and 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 56 year old female injured worker with date of injury 11/14/11 with related low back pain. Per progress report dated 1/27/14, the injured worker complained of mild to moderate low back pain. Per physical exam of the lumbar spine, there was tenderness over the right L5 paraspinals. MRI of the lumbar spine dated 9/3/13 revealed at L4-L5 right paracentral and foraminal protrusions with mild bilateral foraminal stenosis, right greater than left. There was mild effacement of the thecal sac. At L5-S1, 3-4mm central protrusion with mild lateral recess encroachment was noted. At L2-L3, 2mm right paracentral protrusion mildly effacing the thecal sac was noted. She has been treated with physical therapy and medication management. The date of UR decision was 2/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION #1: Upheld

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

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 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Review of the submitted documentation revealed a lack of radiculopathy findings by physical examination. Per NCV & EMG report dated 10/16/13, the findings revealed electrodiagnostic evidence consistent with right L5 and S1 radiculopathies. However, without documentation of radiculopathy, medical necessity cannot be affirmed. Furthermore, the request does not specify the level and side of the injection. Therefore, the request is not medically necessary.