

Case Number:	CM14-0031443		
Date Assigned:	04/09/2014	Date of Injury:	07/27/2011
Decision Date:	05/28/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 50 year-old injured worker with a date of injury of 07/27/11. A progress report associated with the request for services, dated 12/06/13, identified subjective complaints of neck and low back pain. There is bilateral lower extremity weakness and occasional numbness. Objective findings included tenderness to palpation of the cervical and lumbar spines with decreased range-of-motion. Sensation was intact. There was mild weakness of the left extensor hallucis. Reflexes were normal. Diagnoses included spondylolisthesis of L4-5 and L5-S1 with bilateral L5 pars defects. Treatment has included oral and topical analgesics. A Utilization Review determination was rendered on 01/17/14 recommending non-certification of "right lumbar L5 and S1 transforaminal epidural steroid injection".

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LUMBAR L5 AND S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines note that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one session. The Official Disability Guidelines (ODG) states that an epidural steroid injection "... offers no significant long-term benefit." Criteria include objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. They should be done using fluoroscopy. During the diagnostic phase, a maximum of one to two injections and the second block is not indicated without 30% or more improvement from the first. No more than two nerve roots should be injected using transforaminal blocks and no more than one interlaminar level during one session. If there is a documented response to the therapeutic blocks (50-70% pain relief for at least 6-8 weeks), then up to 4 blocks per region per year may be used. Current research does not support "series-of-three" injections. Based on the medical records provided for review the claimant does not have objective findings of a radiculopathy supported by imaging or a diagnosis of a radiculopathy. Therefore, the request for right lumbar L5-S1 transforaminal epidural steroid injection is not medically necessary and appropriate.