

Case Number:	CM14-0031819		
Date Assigned:	06/20/2014	Date of Injury:	07/05/1993
Decision Date:	09/30/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/13/2014

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:

The patient is a 63 year old male injured worker with date of injury 7/5/93 with related low back pain. Per medical evaluation dated 5/19/14, physical exam findings revealed lumbar motion was self-limited to 50% of expected with discomfort. There was lumbar palpatory discomfort. Hip range of motion was difficult to assess on the right side and was uncomfortable and approximately 50% of expected. He reported palpatory discomfort to the right hip. Straight leg raising was negative. Sensation was nonspecifically decreased in the right lower extremity. Reflexes were absent at the ankles. MRI of the lumbar spine dated 4/1/10 revealed disc dehydration and degeneration. He had spondylitic predominately lateral recess stenosis at L3-4, L4-5, and L5-S1 with moderate circumferential stenosis at L3-4 and L4-5, more so exclusive lateral recess stenosis at L5-S1. He also had some left greater than right L5 foraminal stenosis on a spondylitic basis and some moderate left L4 foraminal stenosis. EMG dated 5/14/02 was consistent with bilateral SI radiculopathy. He has been treated with chiropractic manipulation, physical therapy, surgery, and medication management. The date of UR decision was 2/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left lumbar epidural steroid injections at levels L4-5 and L5-S1, as an outpatient (unspecified use of Fluroscopy): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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. We recommend no more than 2 ESI injections. Review of the documentation submitted for review supports the necessity of lumbar epidural steroid injection. Per 5/19/14, clinical findings of radiculopathy were noted in the form of weakness and absent reflexes. MRI and EMG studies which were not available to the UR physician support findings of radiculopathy. The request is medically necessary.