

Case Number:	CM14-0033492		
Date Assigned:	06/20/2014	Date of Injury:	08/11/2011
Decision Date:	10/24/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 patient is a 55 year old male injured worker with date of injury 8/11/11 with related low back pain. Per progress report dated 5/20/14, the injured worker reported low back pain radiating down to the bilateral lower extremities. It was noted that he was status post epidural steroid injection to the lumbar spine with over 50% pain relief, but second ESI was denied. It was noted that he got significant pain relief from the first injection and his dependence on medications was reduced. Per physical exam, deep tendon reflexes for the knees were +2 and ankles +1 bilaterally. There was hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L3, L4, L5, and S1 dermatome levels bilaterally. There was weakness in the big toe dorsiflexor and big toe plantar flexor bilaterally. Straight leg raise test was positive bilaterally. There was paraspinal tenderness with paraspinal spasms noted. MRI of the lumbar spine dated 2/4/14 revealed at L5-S1 diffuse disc protrusion with effacement of the thecal sac, hypertrophy of facet joints and ligamenta flava, no significant spinal canal, lateral recess or neural foraminal narrowing. At L4-L5, diffuse disc protrusion with effacement of the thecal sac, disc material and facet hypertrophy caused bilateral neuroforaminal narrowing that effaced the left and right L4 exiting nerve roots. Protrusions were also noted from L1-L4. Treatment to date has included injections, acupuncture, physical therapy, 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:

Epidural steroid injection (ESI) lumbar L5-S1: Upheld

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" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per the documentation submitted for review, the injured worker's MRI shows bilateral L4 nerve issues, and the request is for L5-S1. There appears to be no neural impingement at the requested level. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Medical necessity cannot be affirmed.