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| Case Number: | CM14-0035515 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 06/19/2000 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 02/25/2014 |
| Priority: | Standard | Application Received: | 03/21/2014 |

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 Acupuncture, has a subspecialty in 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:

This is a 53 year old female injured worker with date of injury 6/19/00 with related low back pain. Per 5/13/14 progress report, she also reported left leg pain. She noted continued benefit as a result of her cervical ESI on 1/6/14. She noted that the neck pain and headaches had remained reduced by more than 90% as a result of the injection until the past two weeks, when she had been having increased pain once again, particularly into the lateral trapezius region between the base of the neck and shoulders. Per physical exam, "Lumbar ROM limited to flexion, with pain. Tender to pressure right paraspinally at L4-5 and L5-S1. Tender to pressure over the right sacroiliac joint. Patrick's test positive bilaterally, localizing to ipsilateral SI joint. Motor strength WNL BLE's. Sensation WNL BLE except mildly decreased over the left L5 dermatome. SLR test positive on the right, localizing to low back pain. SLR test positive on the left, localizing to low back and mild left leg pain. Cervical ROM limited to extension, with moderate pain at this time. Tender to pressure right paraspinally at C2-3 and C-3-4. Tender to pressure left paraspinally at C6-7 and C7-T1 and over the left lateral-trapezius. Spurling's test positive on the left, localizing to neck pain." MRI of the lumbar spine dated 1/30/14 revealed intervertebral disc disease and degenerative changes of the lumbar spine; no significant central canal stenosis appreciated at any level; at the T5-S1 level there was moderate left-sided posterior facet and ligamentum flavum hypertrophic changes. There was some subtle abutment of the left-sided S1 nerve root as it buds from the thecal sac due to left-sided hypertrophic changes without flattening or clear mass effect on the nerve root. She has been treated with ESI, 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:

Left L5-S1 transforaminal epidural steroid injection: Overturned

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 rationale: Per the Chronic Pain Medical Treatment Guidelines 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 "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review contains physical exam findings of radiculopathy by way of positive straight leg test and mild loss of sensation in the left L5 dermatome. I respectfully disagree with the UR physician's assertion that there was limited evidence of failure of conservative therapy, per the submitted documentation, the injured worker was refractory to medication management and physical therapy; and to the UR physician's assertion that there was no imaging study corroborating these findings, per MRI report "There was some subtle abutment of the left-sided S1 nerve root as it buds from the thecal sac due to left-sided hypertrophic changes without flattening or clear mass effect on the nerve root, findings could cause left-sided SI radiculopathy." Furthermore, the injured worker underwent ESI in 1/2014 with 90% pain relief lasting 4 months. The request is medically necessary.