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| Case Number: | CM14-0037245 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 01/07/2011 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 03/19/2014 |
| Priority: | Standard | Application Received: | 03/27/2014 |

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 57-year-old female injured worker with date of injury 1/7/11 with related left shoulder, hip, and knee pain. Per 4/16/14 progress report, she had decreased range of motion in her shoulder and joint pain in her shoulder and hip. The left shoulder and left hip were tender to palpation. MRI dated 6/6/11 revealed dextrorotary scoliosis of the lumbar spine; multilevel multifactorial changes essentially stable and most prominent at L4-L5 for far right lateral disc protrusion/annular tear and probable inflammation of the right exiting L4 nerve; L3-L4: left greater than right neural foraminal stenosis with lateral recess stenosis. She has been treated with physical therapy, epidural steroid injections, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Out-patient Transforaminal injection, lumbar or sacral, single level, per 3/12/14 form QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections 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. The documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. The documentation submitted does not include EMG/NCS. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as weakness or diminished reflexes associated with the relevant dermatome. For consideration of repeat blocks, at least 50% pain relief with associated reduction of medication use for six to eight weeks should be documented. It is noted that the injured worker received blocks on 8/14/13 with 80% relief, and on 4/12/13 with 95% relief, however a reduction in medication use and the duration of pain relief were not documented. Review of the records indicate that on the next encounter dated 5/20/13, the injured worker was again in pain, indicating 5 weeks or less of relief. Medical necessity cannot be affirmed.