

Case Number:	CM14-0039774		
Date Assigned:	04/09/2014	Date of Injury:	01/03/2008
Decision Date:	05/27/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/30/2014

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 patient is a 36 year old male injured worker with date of injury 1/3/08 with related low back pain and right leg pain. Per the 9/9/13 exam, he had trace weakness of the right plantar flexors and extensor pollicis longus. Sensation and reflexes were normal. Straight leg raise was normal. There was spasm in the low back with tenderness over the lumbosacral facet joints. He was diagnosed with low back pain, right leg pain, and lumbosacral radiculopathy. An MRI of the lumbar spine dated 2/2/08 revealed L3-L4 and L4-L5 annular bulges, L3-L5 arthrosis, and chronic T12 wedge compression deformity. The documentation did not indicate that EMG/NCS had been performed. Treatment to date has included physical therapy, acupuncture, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 AND L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTIONS UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: Per the MTUS 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; however, this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; injections should be performed using fluoroscopy (live x-ray) for guidance; 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; no more than two nerve root levels should be injected using transforaminal blocks; no more than one interlaminar level should be injected at one session; 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; and current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. The documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. The MRI findings documented do not demonstrate findings consistent with radiculopathy. The documentation submitted does not include EMG/NCS. Trace weakness was the only sign of radiculopathy, and there was documentation of normal sensation, reflexes and negative straight leg raise, and therefore clinically does not meet the definition of radiculopathy. As the criteria are not met, the request is not medically necessary.