

Case Number:	CM14-0039878		
Date Assigned:	06/27/2014	Date of Injury:	04/20/2011
Decision Date:	07/29/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/04/2014

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 Physical Medicine and Rehabilitation 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 53 year old male who was injured on 04/20/2011. The mechanism of injury is unknown. The patient underwent a right C5-6 intra-articular facet injection, right C6-7 intra-articular facet injection on 09/11/2013. Progress report dated 03/11/2014 states the patient reported neck pain was better since receiving facet injections to C5-6 and C6-7. He noted he continued to experience pain relief and improvement in cervical range of motion. He noted that the low back pain and leg had been reduced by 70% as a result of the previous injections for 7 months until the pain begins again. He also reported he was able to reduce his pain medication intake as a result of the decreased pain. Objective findings on exam revealed lumbar range of motion moderately limited to extension, with pain. There is tenderness over the bilateral L5-S1 facet joints. There is positive muscle tightness laterally to the right L5-S1 facet joint. SI joints are non-tender to pressure bilaterally. Motor strength is 4/5 over the right TA. Straight leg raise test is positive on the right. Cervical range of motion is full to extension and extension with lateral rotation with minimal pain. He does have mild pressure over the base of the neck. Diagnoses are lumbar radiculopathy, status post lumbar transforaminal ESI's, lumbar facet arthropathy, cervical disc disease and C3-4 retrolisthesis and myofascial pain. The treatment and plan include repeat medial branch radiofrequency neurotomies at L5-S1 bilaterally. A request is made for repeat epidural steroid injections at bilateral L2-L3 and L5-S1 as the patient has gained more than 50% improvement. Prior utilization review dated 03/19/2014 states the request for bilateral Lumbar 2-3, Lumbar 5-Sacral 1 transforaminal Epidural Steroid Injection is not authorized as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar 2-3, Lumbar 5-Sacral 1 transforaminal Epidural Steroid Injection:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain), Epidural steroid injection.

Decision rationale: Per ODG guidelines, the purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Per ODG Criteria, Radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or Electrodiagnostic testing, AND Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), AND No more than two nerve root levels should be injected using transformational blocks. There is little to no documentation of previous trial and failure of conservative management such as PT or NSAIDs. Furthermore, the request is for multiple TF-ESIs on the same day which exceeds the recommended maximum of two nerve roots. Therefore, the medical necessity of the requested service is not established and is non-medically necessary and appropriate.