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| Case Number: | CM14-0053699 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 11/16/2012 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 04/02/2014 |
| Priority: | Standard | Application Received: | 04/22/2014 |

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 & 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 injured worker is a 57-year-old male who reported an injury on 11/16/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 03/04/2014 indicated diagnoses of multilevel degenerative disc disease from L1 through L5 with foraminal stenosis and right leg radiculopathy. The injured worker reported low back pain with radiation into the right lower extremity. The injured worker reported he received physical therapy and has had 2 epidural steroid injections; the first injection dated 12/13 relief was noted to be 35%, second injection dated 01/03 with the relief noted to be 50%. The injured worker reported continued back and leg pain that was not resolving. The injured worker reported his back pain was 8/10 in intensity with radiation into the right leg at the same intensity. He reported his pain was aggravated with movements, especially leaning back. Prolonged walking and standing made his legs feel weaker and increased his right leg pain. The injured worker reported numbness in his right leg. On physical examination, the injured worker had a slightly stooped forward gait when he walked. Straight leg raise was positive on the right. Deep tendon reflexes were hyperactive at 4+ in both knees and 1+ in both ankles. On clinical note dated 03/21/2014, the provider noted the injured worker had 50% improvement in function and limited medication. The injured worker's prior treatments included diagnostic imaging, physical therapy, 2 right L2-3 transforaminal epidural steroid injections and medication management. The injured worker's medication regimen included meloxicam and Soma. The provider submitted a request for repeat right L2-3 transforaminal epidural steroid injection. A request for authorization dated 03/24/2014 was submitted for a repeat epidural steroid injection for right L2-3 transforaminal; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right L2-L3 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: The request for Repeat right L2-L3 transforaminal epidural steroid injection is non-certified. The California Chronic Pain Medical Treatment Guidelines recommend Epidural steroid injections as an option for treatment of radicular pain. The purpose of ESI is 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 functional benefit. 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. Injections should be performed using fluoroscopy (live x-ray) for guidance. The injured worker has had 2 epidural steroid injections. Although the provider noted it was with notable relief, the first injection's relief was 35% and the second injection relief was 50%. The guidelines recommend no more than 2 epidural steroid injections. In addition, there was lack of quantified pain relief and functional improvement with associated reduction of medication use in the documentation submitted. Furthermore, the injured worker reports 50% relief; however, he reports his pain 8/10. Moreover, the guidelines do not support a series of 3 injections in either diagnostic or therapeutic phase. Additionally, the request did not indicate fluoroscopy for guidance. Therefore, the request for repeat right L2-3 transforaminal epidural steroid injection is non-certified.