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| Case Number: | CM14-0055091 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 05/19/2010 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 04/18/2014 |
| Priority: | Standard | Application Received: | 04/24/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 44 year old female presenting with chronic pain following a work related injury on 5/19/2010. On 5/5/2014, the injured worker reported low back pain radiating down the left lower extremity, pain aggravated by activity and walking. The pain is rated 6/10 with medications and 7/10 without medications. The physical exam was significant for spasm in the bilateral paraspinal musculature, tenderness bilaterally in the paravertebral area L4-S1, decreased range of motion of the lumbar spine in all planes, decreased sensation in the L5 dermatome in both lower extremities, decreased motor strength in the flexors and extensors of the bilateral lower extremities, and straight leg raise was positive in the seated position at 45 degrees bilaterally. The injured worker had normal electromyography (EMG) and nerve conduction velocity (NCV) findings. MRI of the lumbar spine revealed left lateral scoliosis of the lumbar spine, straightening of the lumbar spine, disc desiccation at L5-S1, retroverted and bulky uterus, L4-5 diffuse disc protrusion with effacement of the thecal sac, bilateral neural foraminal narrowing that effaces the left and right L4 exiting nerve roots, L5-S1 diffuse disc protrusion without effacement of the thecal sac and suspected fibroid in the uterus. The injured worker was diagnosed with chronic pain, lumbar facet arthropathy, lumbar radiculitis, limited response to lumbar epidural steroid injection in 2013, significant axial low back pain, and rule out facet versus discogenic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Diagnostic transforaminal epidural steroid injection at the bilateral L5-S1 level under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection, page(s) 47 Page(s): 47.

Decision rationale: MTUS Guidelines state the purpose of epidural steroid injections 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 has no significant long-term functional benefit. 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, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The injured worker had a lumbar epidural steroid injection in 2013 with limited response. Per MTUS Guidelines, previous epidurals should yield at least 50% reduction in pain for 6-8 weeks; therefore the requested service is not medically necessary.