

Case Number:	CM14-0071831		
Date Assigned:	07/16/2014	Date of Injury:	03/29/1999
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/19/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 50-year-old with a reported date of injury of 03/29/1999. The patient has the diagnoses of lumbar radiculopathy. Past treatment modalities have included an epidural injection in 2011 at the left L4 level with 85% reduction in symptoms. Per the progress reports submitted by the primary treating physician dated 04/07/2014, the patient had complaints of significant pain radiating down the left leg. Physical exam noted a positive straight leg raise on the left, mild tenderness over the SI joints bilaterally and decreased sensation to pinprick over the lateral calf of the right side. A MRI dated 05/08/2008 showed chronic multilevel degenerative disc changes, slightly more advanced at L4/5 with mild narrowing in the lateral recesses. There was no focal disc protrusion or significant stenosis. Treatment recommendations from physician visit included pain medication and repeat epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine transforaminal epidural steroid injection, left L4 level: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections states: 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. 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 researches do not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient does have radicular symptoms per exam. However the patient had not been seen since 2011. The most recent MRI was not since 2008. There is no more recent corroborated studies for the patients symptoms. The patient had not recently failed conservative treatment, as the requesting physician had provided no care since 2011 and no documentation of care received from another physician since 2011. For these reasons, the above criteria have not been met and thus the request is not medically necessary.