

Case Number:	CM14-0073847		
Date Assigned:	07/16/2014	Date of Injury:	09/30/2013
Decision Date:	11/21/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/21/2014

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 New Jersey. 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 worker is a 58 year old male who was injured on 9/30/2013 after stepping in a hole. He was diagnosed with lumbar strain, lumbar radiculitis, and lumbar degenerative disc disease. He was treated with lumbar radiofrequency ablation and medications (including anti-epileptics, muscle relaxants, opioids, and benzodiazepines). MRI from 1/27/2011 showed severe degenerative disc changes at the L2-L3, L4-L5, and L5-S1 levels with disc bulging and large spurring, however only mild narrowing of the neural foramina at the L2-L3 and L5-S1 levels. On 4/24/2014, the worker was seen by his pain management physician complaining of his chronic low back pain, worse with activity or standing and involving radiation to both anterior thighs and reporting >25% improvement with the prior radiofrequency ablation treatment. Physical examination findings included positive straight leg raise, normal leg strength and deep tendon reflexes, normal sensation of the legs, and normal gait. He was then recommended L2 and L5 level epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2, L5 transforaminal epidural injection under monitored anesthesia care (MAC) x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs)

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

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief. However, use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercise, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants); Injections should be performed using fluoroscopy 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, and instead only up to 2 injections are recommended. In the case of this worker, the MRI from 2011 suggested only mild foraminal stenosis which didn't clearly attribute his specific symptoms of thigh pain to neuropathy from his low back. Also, physical examination findings, as documented in the notes, did not show objective evidence of radiculopathy that might have helped clarify the results from the MRI. There was no evidence found from the notes available for review showing the worker had or was actively using conservative treatments that included exercise/physical methods, which is required before considering injections. Therefore, the epidural injections are not medically necessary.