

Case Number:	CM14-0085175		
Date Assigned:	07/23/2014	Date of Injury:	02/25/2013
Decision Date:	09/10/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesia has a subspecialty in Acupuncture & Pain Medicine 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:

This claimant is a 51y/o female injured worker with date of injury 2/25/13 with related low back pain. Per progress report dated 6/25/14, the injured worker related a painful lower back across the midline with radiating pain, tingling and numbing down the back of the right leg as far as the toes and sole of the right foot. Per physical exam, the injured worker is unable to easily stand on heel and toe. Weakness of great toe extension was present. She had significant numbness extending through the right leg. MRI of the lumbar spine dated 5/8/13 revealed mild diffuse disc bulge at L1-L2, L3-L4, and L4-L5. EMG/NCS performed 8/9/13 revealed nerve damage at the L4-L5 level of the lumbar spine. She has been treated with physical therapy and medication management. The date of UR decision was 5/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 epidural steroid injection under fluoroscopic guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation ODG-TWC, Low back, Epidural steroid injections.

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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 research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review contains clinical evidence of radiculopathy in the form of weakness, and sensation deficit. MRI dated 5/8/13 was unremarkable at L5-S1, and EMG performed 8/9/13 revealed nerve damage at the L4-L5 level. L4-L5 ESI request is consistent with L5-S1 EMG findings, as there is overlap of dermatomes. Right sided L4-L5 disc bulge can affect the L5 and S1 nerve roots. The request is medically necessary.