

Case Number:	CM14-0090510		
Date Assigned:	07/23/2014	Date of Injury:	01/31/2008
Decision Date:	08/28/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old female who reported an injury on 01/31/2008 of cumulative trauma and a reported injury on 10/14/2010 where she fell down a flight of stairs. The injured worker had a history of lower back pain, bilateral shoulder pain, bilateral hand pain, and bilateral lower extremity pain. The injured worker had diagnoses of cervical disc degeneration, chronic pain syndrome, lumbosacral spondylosis without myelopathy, myalgia and moderate to severe unspecified, and postlaminectomy syndrome of the lumbar region. The MRI dated 07/08/2014 revealed a marked disc space narrowing and marked endplates with the facet degenerative changes at the L5 and S1. The injured worker has had multiple surgeries, including a lumbar fusion dated 11/17/2010 at the L2-3, laminectomies at the L3-4 and L4-5 dated 02/12/2001, and on 03/01/2004 the injured worker had a lumbar fusion at the L3-4 and L4-5. The past treatments included physical therapy, unknown date. The treatment plan included gentle exercises and physical therapy, avoid heavy lifting, ice as needed, and a bilateral L5-S1 epidural steroid injection, and possible recommended surgery. The request for authorization dated 05/24/2014 was submitted within documentation. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Transforaminal Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

Decision rationale: The request for bilateral L5-S1 transforaminal epidural steroid injection is non-certified. The California MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, 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. 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. Per the documentation provided, there was no evidence that the injured worker was unresponsive to conservative treatment. She is able to get relief with her pain medication. The physical therapy documentation for past treatments was not provided with documentation for review. As such, the request is not medically necessary.