

Case Number:	CM13-0038869		
Date Assigned:	12/18/2013	Date of Injury:	07/15/2012
Decision Date:	01/14/2015	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/01/2013

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 Internal Medicine, and is licensed to practice in Arizona. 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 34year old man with a work related injury dated 7/15/12 resulting in injury to the low back, right shoulder and neck. He has had surgery to repair the right rotator cuff injury to the right shoulder. He has low back pain that radiates down the right lower extremity with numbness and tingling for which he has been treated with oral analgesics. MRI of the lumbar spine done 9/1/12 shows disc bulging at L5-S1 without significant foraminal narrowing or stenosis. The patient was evaluated by the primary treating physician on 7/17/13. The patient continues to have pain. The exam shows tenderness in the lumbar paraspinous muscles and facet tenderness to palpation. Klemps is positive on the right with straight leg raising positive bilaterally. There is decreased sensation along the L5 dermatome, bilaterally with strength 4/5 bilaterally. The diagnosis is lumbar sprain with radiculopathy. Under consideration is bilateral transforaminal lumbar epidural steroid injection (ESI) of the lumbar spine at L5-S1. This was denied as not medically necessary during utilization review dated 9/9/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Lumbar Epidural Steroid Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Criteria for the use of ESI is 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). Injections should be performed using fluoroscopy 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. 5) No more than two nerve root levels 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. 8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. In this case the patient has radicular pain that has been show by exam but not confirmed by imaging or electrodiagnostic studies. The documentation does not support that the patient has failed conservative treatment with exercise and physical methods. The use of transforaminal lumbar ESI at L5-S1 is not medically necessary.