

Case Number:	CM14-0011077		
Date Assigned:	03/26/2015	Date of Injury:	04/25/2012
Decision Date:	04/20/2015	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54-year-old female with an industrial injury dated 04/25/2012. Her diagnosis included HNP of the lumbar and cervical spine with stenosis and cervical and lumbar radiculopathy. She has been treated with surgery, carpal tunnel release, pain psychologist and medications. In the progress note dated 12/12/2013 the physician notes the injured worker is getting worse and having more neck and back pain. Physical exam notes diffuse tenderness of the cervical and lumbar spine. The provider requested epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Epidural Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 04/25/2012. The medical records provided indicate the diagnosis of HNP of the lumbar and cervical spine with

stenosis and cervical and lumbar radiculopathy. She has been treated with surgery, carpal tunnel release, pain psychologist and medications. The medical records provided for review do not indicate a medical necessity for Bilateral Transforaminal Epidural Injection. The records indicate the injured worker had some improvement following epidural injection in 11/2013; however, the records do not indicate the degree and duration of improvement. The MTUS criteria for Epidural Steroid injection include: 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. The absence of a documentation of the benefit and duration following previous injection makes the request not medically necessary and appropriate.