

Case Number:	CM14-0130206		
Date Assigned:	08/20/2014	Date of Injury:	11/30/2000
Decision Date:	01/26/2015	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/14/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 67 year old male with date of injury 11/30/00. The mechanism of injury is stated as a fall. The patient has complained of neck pain and low back pain since the date of injury. He has been treated with physical therapy and medications. There are no radiographic data included for review. Objective: decreased and painful range of motion of the cervical spine; decreased and painful range of motion of the lumbar spine. Diagnoses: cervical spine disc disease; lumbar spine disc disease. Treatment plan and request: lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections: 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 Page(s): 46.

Decision rationale: This 67 year old male has complained of neck pain and low back pain since date of injury 11/30/00. He has been treated with physical therapy and medications. The current request is for lumbar epidural steroid injections. Per the MTUS guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically

necessary: 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 "series-of-three" injections in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (1) above. Specifically, radiculopathy was not documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. On the basis of the above MTUS guidelines and available provider documentation, lumbar epidural steroid injection is not indicated as medically necessary.