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| Case Number: | CM14-0188811 | | |
| Date Assigned: | 11/19/2014 | Date of Injury: | 03/11/2009 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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 Preventive Medicine and is licensed to practice in Iowa. 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 patient is a 59 year-old male employee with date of injury of 3/11/2009. A review of the medical records indicate that the patient is undergoing treatment for severe degenerative disc disease of the lumbar spine at L3-L4 and mild degenerative disc disease at L2-L3, disc protrusion and severe stenosis at L3-L4 in addition to moderate facet spondylosis and mild stenosis at L4-L5, mild spondylosis at L5-S1 associated with bilateral lower radiculitis status post-surgery for a presumed L3-L4 disc excision plus potential discogenic disease. Subjective complaints include lower back pain that radiates down both legs. The pain in his left leg radiates to the thigh. The pain is more prominent on the right and radiates to his toes. The patient complains of neck pain with numbness and tingling in his right arm. Objective findings include medical examination revealing that the injured worker underwent a MRI scan however no documentation of same was submitted for this review. A decreased range of motion of the lumbar spine was noted with no tenderness on palpation. Pain was mostly over the lumbosacral junction to the sacroiliac joints. Straight leg test revealed lower back and right leg pain. The pain appears to be radicular in nature since it increases with dorsiflexion of the foot without left leg radicular pain and mild hamstring tightness bilaterally. Treatment has included Motrin, Ultram and Naprosyn and pain management treatment (details not given). The prior utilization review dated 10/30/2014 non-certified the request for Transforaminal lumbar epidural injection at the right L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Steroid Injection at Right L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . 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." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing.

Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Official MRI reports were not submitted with the medical files to demonstrate radiculopathy. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do not indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc). In fact, the treating physician notes that the patients work restrictions are helping to alleviate the patients radicular symptoms. As such, the request for one Transforaminal Lumbar Epidural Steroid Injection (at Right L4-L5) is not medically necessary.