

Case Number:	CM14-0189482		
Date Assigned:	11/20/2014	Date of Injury:	03/25/2014
Decision Date:	01/08/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/13/2014

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 Orthopedic Surgery, is Fellowship Trained Spine Surgery and is licensed to practice in New Jersey. 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 29-year-old female who reported an injury due to heavy lifting on 03/25/2014. On 05/21/2014, she underwent an L5-S1 TESI for lumbar disc disease with stenosis. On 06/03/2014, it was noted that she received a 25% improvement after the epidural steroid injection. She had completed 18 of 24 physical therapy visits. Her clinical impression included lumbar radiculopathy and foot pain. On 06/20/2014, a nerve conduction study of the lumbar spine was reportedly normal with no evidence of radiculopathy or compression neuropathy. On 07/14/2014, her complaints included lower back pain with tingling and numbness radiating to the right lateral leg and foot rated 5/10. She reported her pain had improved since the epidural steroid injection. Additionally, she had tried a TENS unit, ice, medications and acupuncture. She was encouraged to continue with a home exercise program and her pharmacotherapy. On 08/04/2014, her treatment plan recommendations included bilateral transforaminal epidural steroid injections at L4, L5, and S1. It was reported that she had responded minimally and transiently to the previous epidural steroid injection so the rationale was to extend the injection to the L4 level and a series of 2 injections 2 weeks apart to potentiate the benefit from the injection. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Apart Left Transforaminal Epidural Steroid Injection L4-S1 times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

Decision rationale: The request for apart left transforaminal epidural steroid injection L4-S1 times 2 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, but no more than 2 ESIs. They can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. ESIs may lead to an improvement in radicular lumbosacral pain between 2 to 6 weeks following the injection, but they do not effect impairments of function or the need for surgery and do not provide long term pain relief beyond 3 months. Among the criteria for the use of epidural steroid injections are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the condition must be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. Injections should be performed using fluoroscopy for guidance. There was no evidence of radiculopathy in the submitted documentation. Imaging and electrodiagnostic studies did not corroborate a diagnosis of radiculopathy. There was no documentation of muscle relaxant therapy. The request is for injections at 3 levels which exceeds the recommendations in the guidelines. Her previous injections gave her minimal relief. The request did not include fluoroscopy for guidance. Therefore, this request for apart left transforaminal epidural steroid injection L4-S1 times 2 is not medically necessary.

Right Transforaminal Epidural Steroid Injection L4-S1 times 2 and 2 Weeks apart:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

Decision rationale: The request for right transforaminal epidural steroid injection L4-S1 x 2 and 2 weeks apart is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, but no more than 2 ESIs. They can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. ESIs may lead to an improvement in radicular lumbosacral pain between 2 to 6 weeks following the injection, but they do not effect impairments of function or the need for surgery and do not provide long term pain relief beyond 3 months. Among the criteria for the use of epidural steroid injections or that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the condition must be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs and

muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. Injections should be performed using fluoroscopy for guidance. There was no evidence of radiculopathy in the submitted documentation. Imaging and electrodiagnostic studies did not corroborate a diagnosis of radiculopathy. There was no documentation of muscle relaxant therapy. The request is for injections at 3 levels which exceeds the recommendations in the guidelines. Her previous injection gave her minimal relief. The request did not include fluoroscopy for guidance. Therefore, this request for right transforaminal epidural steroid injection L4-S1 x 2 and 2 weeks apart is not medically necessary.