

Case Number:	CM14-0189656		
Date Assigned:	11/20/2014	Date of Injury:	02/15/2012
Decision Date:	01/12/2015	UR Denial Date:	10/31/2014
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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine, and is licensed to practice in California. 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:

61year old female injured worker with date of injury 2/15/12 with related low back pain. Per progress report dated 10/15/14, the injured worker complained of ongoing pain and discomfort in the neck region and low back. There was pain in the cervical spine with occasional radiating pain to the shoulders and arms. She had occasional numbness and tingling in the arms. She also complained of constant severe low back pain that constantly radiated down the bilateral thigh, leg, and foot. MRI of the lumbar spine dated 12/7/12 revealed fixation device over spinous process L4-L5, severe degenerative changes of the lumbar spine at the L4-L5 level, with severe right and moderate left lateral recess narrowing because of the broad based disc bulge. There was also moderate to severe right and moderate left foraminal narrowing due to lateral extension of the disc bulge. Treatment to date has included physical therapy, chiropractic manipulation, epidural steroid injections, surgery, and medication management. The date of UR decision was 10/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid 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: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic 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 researches do not support "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review indicates that the injured worker has previously received lumbar epidural steroid injections; however, there was no documentation of the level of pain relief achieved or for how long. Without this information, the medical necessity of repeat blocks cannot be affirmed. Therefore, the request is not medically necessary.