

Case Number:	CM14-0197150		
Date Assigned:	12/05/2014	Date of Injury:	03/14/2014
Decision Date:	01/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and Acupuncture 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:

Injured worker is a 55 year old male with date of injury 03/14/2014. Date of the UR decision was 11/06/2014. He encountered back pain after a trip and fall injury. He underwent treatment in the form of physical therapy, acupuncture, Lumbar Epidural Steroid Injection bilaterally at L3-4 and L4-5. Per report dated 11/04/2014 he presented for a follow up post-injection and complained of minimal relief in lower back that was radiating down the right lower extremity. He reported 50% improvement status post 2nd injection, however his pain had returned in the same location, intensity and quality. He reported experiencing the pain is in his bilateral buttocks, posterior thighs, and anterior ankles, greater on the right side. He denied any new neurologic deficit. Lumbar spine examination showed tenderness of the spinous process at L4, the transverse process on the right at L4, and the transverse process on the left at L4. FABER test, and seated and straight leg raising tests were positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection bilateral L4-L5, interlaminar L5-S1 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Based on PR-2 dated 11/4/2014, the request was for three different injections: bilateral L4/5 TFESIs, and one interlaminar L5/S1 LESI. 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 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 a "series-of-three" injections in either the diagnostic or therapeutic phase. Guidelines recommend no more than 2 ESI injections. As criteria #5 notes a limit of two injections, and the request is for three, the request is not medically necessary.