

Case Number:	CM14-0197158		
Date Assigned:	12/05/2014	Date of Injury:	06/10/2009
Decision Date:	01/28/2015	UR Denial Date:	10/28/2014
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:

The injured worker is a forty-nine year old man who sustained a work-related injury on June 10, 2009. A request for an L6-S1 trans laminar epidural injection was noncertified by Utilization Review (UR) on October 28, 2014. The UR physician determined that the diagnoses of lumbar radiculopathy due to a disc or structural lesion was not supported by the advanced imaging results, examination or the presenting complaints. The UR physician utilized the ACOEM Low Back Chapter in the determination for non-certification. A request for independent medical review (IMR) was initiated on November 21, 2014. A review of the medical documentation submitted for IMR revealed a physician's evaluation dated October 22, 2014. The evaluating physician noted that the injured worker returned on an urgent basis regarding his low back pain. The injured worker stated that he had fallen twice over the previous two weeks and now required crutches. The injured worker noted that his physical therapy hurt and his activities of daily living were affected. He reported doing his home exercises with limited tolerance. The injured worker noted 90% of his pain being in his lower back that went to his shoulder blades with the remaining 10% of pain going down the backs of legs to the feet. On physical examination, the injured worker had no gross deformity across the lumbosacral region. He had no palpable tenderness in a broad pattern across his lower back and extending into the buttocks. With regard to range of motion, the injured worker had severe restrictions in his lumbar flexion and minimal extension. A significant degree of spasm across the back was noted. The clinical impression was chronic low back pain with leg paresthesias with the far bulk of the pain in the lower back. An MRI dated March, 2011 demonstrated only residual disk bulging at L5-S1 with mild foraminal stenosis. The evaluating physician documented that the injured worker very much wanted another epidural steroid injection and documented that the injured worker was advised that he had very little leg symptoms and the MRI scan did not support radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar Epidural Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Low Back Disorders; section on: Epidural Steroid Injection

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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 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. The documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. There is documentation of weakness, but no sensory changes and the deep tendon reflex findings are not documented, so medical necessity is not affirmed. As the first criteria are not met, the request is not medically necessary.