

Case Number:	CM14-0197812		
Date Assigned:	12/08/2014	Date of Injury:	05/24/2005
Decision Date:	01/28/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/25/2014

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 Acupuncture & 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:

65y/o male injured worker with date of injury 5/24/05 with related low back and posterior thigh pain. Per progress report dated 10/12/14, the injured worker complained of low back pain with anterior and posterior thigh pain and intermittent cramping. He also complained of numbness and tingling, and occasional stabbing pain in his back and into his right greater than left buttocks. The pain radiated down to his medial right knee and own to his great toe. Per physical exam, there was tenderness across the lower lumbar spine. He had decreased sensation in the right lateral leg with symptoms in the medial thigh. MRI of the lumbar spine dated 1/3/14 revealed at L3-L4 mild to moderate height loss with a 2-3mm disc osteophyte complex with posterior epidural fat and congenitally shortened pedicles contributing to moderate to severe spinal canal stenosis. There was moderate to severe bilateral neural foraminal stenosis. At L4-L5 there was mild to moderate disc height loss with a 2mm disc osteophyte complex contributing to mild spinal canal stenosis. There was mild to moderate bilateral neural foraminal stenosis. He was status post T12 vertebral body kyphoplasty and reduction of fracture 9/2005, partial L2-L3 corpectomy with ALIF 9/2008, and lumbar laminectomy L2-L3 3/2010. Treatment to date has included surgery, epidural steroid injections, physical therapy, and medication management. The date of UR decision was 11/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve block injection at RT L3-4 & L4-5: 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 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 a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review contains physical exam findings of decreased sensation. 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. These findings are not documented, so medical necessity is not affirmed. There was no documentation of absent reflex, weakness, or straight leg raising test. As the first criteria are not met, the request is not medically necessary.