

Case Number:	CM14-0203412		
Date Assigned:	12/23/2014	Date of Injury:	11/22/1996
Decision Date:	02/10/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/05/2014

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 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:

This is a 49 year old female who suffered a work related injury on 11/22/1996. The injured worker has diagnoses of spinal stenosis lumbar region, neurogenic claudication, lumbar disc disorder, herniation disc lumbar and joint pain in the shoulder. A physician progress note dated 11/07/2014 documents the injured worker complains of low back pain which she describes as constant and shooting. His gait is antalgic, forward stooped. There is no spasm. Tenderness is present in the right and left lumbar paravertebral regions at the L4-L5 and L5-S1 level. Range of motion of the lumbar spine is restricted. Magnetic Resonance Imaging of the lumbar spine done on 09/18/2014 showed partial sacralization of the L5, there is moderate to severe multilevel lumbar degenerative changes and degenerative listhesis. At T12-L1 there is dorsal lateral bulging of the disc and osteophytic ridging with moderate facet and ligamentum flavum hypertrophy. Moderate left and mild right foraminal stenosis with mild effacement of the thecal sac is noted. At the L1-L2 there is slight retrolisthesis of L1 on L2 with 2-3mm bulge. At the L2-L3 there is retrolisthesis of L2 by approximately 2-3 mm bulge with 3mm bulge. Moderate facet and ligamentum flavum hypertrophy is noted. Moderate bilateral foraminal stenosis and moderate central canal stenosis is noted. Crowding of the nerve roots of the cauda equina is noted at this level. The L3-L4 level there is retrolisthesis of L3 by approximately 3-4 mm with a 3-4mm central disc protrusion. There is a 4mm right foraminal disc extrusion. Moderate facet and ligamentum flavum hypertrophy is present. Severe right and moderate to severe left foraminal stenosis is noted. At the L4-L5 level, there is dorsal lateral osteophytic ridging with moderate to severe facet arthrosis and evidence of partial facet fusion. Mild bilateral foraminal stenosis is noted. At the L5-S1 level there is marked disc space narrowing with severe facet arthrosis. Partial fusion of the right L5 transverse process of the sacrum is noted, with moderate left and mild right foraminal stenosis with mild narrowing of the left lateral reassess secondary to facet

spurring. She is not able to return to work and is permanent and Stationary. Treatment requested is for bilateral Transforaminal Epidural Steroid Injection at L3-L4. Utilization Review dated 11/13/2014 non-certify the request for Bilateral Transforaminal Epidural Steroid Injection at L3-L4, citing Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines for chronic pain. Recommend epidural steroid injections as an option for treatment of radicular pain,(defined as pain in dermatome distribution with corroborative finding of radiculopathy); radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and be initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants). There are no neurologic deficits in the lower extremities at L3-L4 to corroborate a clinically evident radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal epidural steroid injection at L3-L4: 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 Injections Page(s): 46.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines 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 does not contain physical exam findings 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. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary.