

Case Number:	CM14-0204807		
Date Assigned:	12/17/2014	Date of Injury:	05/29/2013
Decision Date:	02/24/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

30y/o female injured worker with date of injury 5/29/13 with related low back pain. Per progress report dated 11/13/14, the injured worker complained of low back pain with radiation down the posterior aspect of the left lower extremity. She rated her pain 7-8/10. Per physical exam of the lumbar spine, there was moderate pain with lumbar flexion and extension, diffuse tenderness along the lumbar spine and paraspinal muscles, positive straight leg raising on the left side, and 4+/5 weakness in the left extensor hallucis longus. MRI of the lumbar spine dated 7/30/13 revealed disc annular fissure at L4-L5, disc desiccation at L4-L5 and L5-S1. Diffuse disc herniation at L4-L5 and L5-S1. Treatment to date has included physical therapy, epidural steroid injection, and medication management. The date of UR decision was 11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 and S1 Transforaminal ESI: 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 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 inter laminar 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 does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. The MRI findings documented do not demonstrate findings consistent with radiculopathy. Above-mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic 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. The documentation submitted for review indicates that the injured worker was approved for a lumbar epidural steroid injection on 10/13/14. ESI was performed 11/21/14. At the time of 11/20/14 request, the documentation did not support the requested procedure. As the first criteria are not met, the request is not medically necessary.