

Case Number:	CM14-0206620		
Date Assigned:	12/18/2014	Date of Injury:	11/15/2010
Decision Date:	02/13/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/10/2014

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:

45y/o female injured worker with date of injury 11/15/10 with related low back pain. Per progress report dated 9/30/14, the injured worker complained of low back pain radiating to his bilateral lower extremities. Per physical exam, he had limping gait and limited range of motion in all planes due to increased pain, tightness and stiffness. There was severe tenderness over the spinous process and interspaces from L2-S1. There was also tenderness over the bilateral facet joints from L2-S1 with positive provocation test, and over the bilateral sacroiliac joints, left greater than right. Multiple areas of tightness, tenderness, and trigger points were noted. Straight leg raise was positive bilaterally. Reflexes were present and symmetrical at both patella and diminished at both Achilles. Sensation was decreased to touch at the left L4, L5, and S1 dermatomes. MRI of the lumbar spine dated 1/22/14 revealed multilevel disc protrusions at the L2-L3, L3-L4, L4-L5 and L5-S1 with compromise of the bilateral exiting nerve roots. There was no compromise of the traversing nerve roots. A 20% decrease of disc height was seen at the L2-L3, L4-L5, and L5-S1 levels. Treatment to date has included physical therapy, acupuncture, and medication management. The date of UR decision was 11/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L3-L4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection 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 clinical findings of radiculopathy as well as MRI evidence corroborating the findings. Per the 9/30/14 physical exam, it was noted that the bilateral Achilles reflex was diminished, and that sensation was diminished in the left L4, L5, and S1 dermatomes. Per MRI dated 1/22/14, L3-L4: Thee disc height is maintained. There is partial dehydration of the disc. There is 3-4 mm posterior disc protrusion. There is an annular tear identified in relation to the far left posterolateral aspect of the disc and also in relation to the far right posterolateral aspect of the disc. There is encroachment on the foramina with compromise of the exiting nerve roots bilaterally. Centrally, there is touching of the thecal sac. There is no compromise of the traversing nerve roots. There are arthritic changes in the left facet joint but not on the right facet joint. There is a 2 mm anterior disc protrusion. I respectfully disagree with the UR physician's denial based upon lack of sensation deficit on the right side. The documentation submitted for review does not indicate that the requested procedure is for bilateral injections. The request is medically necessary.