

Case Number:	CM15-0005263		
Date Assigned:	01/22/2015	Date of Injury:	04/25/2012
Decision Date:	03/16/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/09/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 65 year old male sustained an industrial injury on 4/25/12 when he fell off a ladder. He subsequently reports chronic low back pain. Diagnoses include lumbar disc disease. On physical exam there was decreased sensation in bilateral L4 and right L3 dermatome. Past diagnostic studies include an MRI of 8/12/13. MRI 8-12-13 DJD greatest at L4-5 with grade I anterolisthesis of L4 on L5, moderate facet arthropathy 3 mm biforaminal disc protrusion resulting abutment of the exiting right and left L4 nerve root with moderate narrowing of neural foramina, L3-4 endplate degenerative changes, mild facet arthropathy and 3 mm right foraminal disc protrusion resulting in the abutment of the exiting right L3 nerve root. Current medications include Omeprazole, Zanaflex and Naproxen. Prior treatments include chiropractic and physical therapies. The UR decision dated 1/07/15 non-certified the Bil L4-L5 Transforaminal Epidural Steroid Injection. The Bil L4-L5 Transforaminal Epidural Steroid Injection was denied based on indication cited in the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIL L4-L5 Transforaminal Epidural Steroids Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. There is a note that he has failed 6 weeks of a home exercise program but there is no documentation that he is continuing this. There are objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 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. Radiculopathy does appear to be documented with imaging studies. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the unresponsiveness to the medications. There is an error in the IMR, the request is for Right L3-L4 and Bilateral L4-L5 Transforaminal Epidural Steroid Injection x 2. The guidelines further state that a second block is not recommended if there is inadequate response to the first block and this is a request for 2 set of injections. As such, the request for Right L3-L4 and Bilateral L4-L5 Transforaminal Epidural Steroid Injection x 2 is not medically necessary.