

Case Number:	CM13-0065199		
Date Assigned:	06/09/2014	Date of Injury:	08/03/2000
Decision Date:	08/05/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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 Anesthesia, has a subspecialty in 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:

The 60year old female injured worker with date of injury 8/3/00 with related back pain. Per 9/27/13 progress report, the injured worker underwent bilateral L4-L5 TFESI on 8/19/13 and felt 85% better for approximately 6 weeks. She stated she was able to walk for longer periods, and was no longer taking pain medications. Per physical exam, it was noted that sensation was intact. An MRI dated 11/2013 revealed 5mm disc/osteophyte/facet enlargement; bilateral intervertebral foraminal stenosis; and mild central canal stenosis. Treatment to date has included injections, TENS, chiropractic manipulation, physical therapy, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRD BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI) AT LEVELS L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIS.

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: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), injections should be performed using fluoroscopy (live x-ray) for guidance, 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, no more than two nerve root levels should be injected using transforaminal blocks, no more than one interlaminar level should be injected at one session, 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), 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. Per 9/27/13 progress report, the injured worker underwent her second bilateral L4-L5 TFESI on 8/19/13 and felt 85% better. She stated she was able to walk for longer periods, and was no longer taking pain medications anymore. I Respectfully disagree with the UR physician's assertion that per the MTUS guidelines, current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. What this criteria signifies is that the MTUS does not recommend authorizing 3 injections at one time without checking the results. The MTUS allows up to 4 injections per year. As the injured worker has been receiving injections at intervals with good results, the request is medically necessary.