

Case Number:	CM14-0118144		
Date Assigned:	09/22/2014	Date of Injury:	09/14/2000
Decision Date:	10/21/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/25/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 injured worker is a 57-year-old with a reported date of injury of 09/14/2000. The patient has the diagnoses of degenerative lumbar disc disease, neural foraminal stenosis of the lumbar spine, back pain, and neural foraminal stenosis of the cervical spine. Per the most recent progress report provided for review by the treating physician (dated 05/28/2014), the patient was in for follow-up after having bilateral L3 and left sided L4 transforaminal injections on 05/15/2014. The patient reported about a 50% reduction in pain for one week. The patient also had complaints of neck pain and tinnitus. The physical exam noted no sensory deficits and negative straight leg raise tests. An MRI from 05/2014 had shown left sided C6-C7 and C7-T1 perineural cysts. Treatment plan recommendations included pain medication, cervical epidural injections and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal epidural steroid injection at L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states that the purpose of ESI is 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 functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. The patient must be shown to have been 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. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. Guidelines recommend no more than 2 ESI injections. This patient does have a diagnosis of radicular pain. However, the documented physical exam does not corroborate this diagnosis. The patient had recently undergone bilateral L3 and left-sided L4 TFE with a 50% reduction of pain lasting only one week. The guidelines state the pain reduction should be a 50% reduction in pain and associated reduction of medication use for 6-8 weeks. The patient's pain medication was actually restarted at the most recent follow-up visit following the previous ESI. For these reasons, criteria set forth above for ESI have not been met. Therefore the request is not medically necessary.