

Case Number:	CM14-0145902		
Date Assigned:	09/12/2014	Date of Injury:	04/10/2012
Decision Date:	10/16/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational 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:

Injured worker is a female with date of injury 4/10/2012. Per pain medicine re-evaluation dated 8/18/2014, the injured worker complains of pain in the neck, low back, and lower extremities. Neck pain is aggravated by activity and walking. Low back pain radiates down the bilateral lower extremities and is aggravated by activity and walking. Lower extremity pain is in bilateral buttocks. Pain is rated as 8/10 with medications and 10/10 without medications. Pain is reported as worsened since her last visit. She reports activity of daily living limitations in self care and hygiene, activity, ambulation, sleep and sex. She is status post lumbar epidural steroid injection at left L4-S1 on 2/7/2014 with minimal improvement. Use of a TENS unit has been helpful, with use as needed per day or 2 times a week for 6 months. She reports the use of antiseizure class medication is helpful with functional improvement in sitting and standing. She states the last two epidurals provided minimal to no relief, but the first injection on 3/7/2013 worked very well with 100% relief for 3 months. On examination she was observed to be in moderate distress. Her gait was antalgic and slow. Inspection of the lumbar spine reveals no gross abnormality. Range of motion of the lumbar spine was moderately limited secondary to pain. Sensory exam shows decreased sensitivity to touch along the L5 dermatome in the left lower extremity. Lower extremity flexor and extensor strength is unchanged from prior exam. Diagnoses include 1) chronic pain 2) depressive disorder NOS 3) lumbar radiculitis 4) lumbar radiculopathy 5) status post LESI x2 without long term improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left lumbar transforaminal epidural steroid injection atL4-s1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection section, Page(s): 46.

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing 2) Initially unresponsive to conservative treatment 3) Injections should be performed using fluoroscopy for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block 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 8) No more than 2 ESI injections. The requesting physician explains that although the injured worker 2 repeat injections that did not help, she did have one transforaminal epidural that helped tremendously with 90%+ pain relief for 3 months. She had a limited response to medications and physical therapy. The MTUS Guidelines do not recommend continuing epidural steroid injections when there is inadequate pain relief from a prior injection. Medical necessity for this request is not established, even following an injection with benefit prior to the two injections that did not provide benefit. The request for 1 Left lumbar transforaminal epidural steroid injection at L4-S1 is determined to not be medically necessary.