

Case Number:	CM14-0163910		
Date Assigned:	10/08/2014	Date of Injury:	05/28/1998
Decision Date:	11/07/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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 Anesthesia, has a subspecialty in Acupuncture and 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 injured worker is a 48 year old male injured worker with date of injury 5/28/98 with related back and right lower extremity pain. Per progress report dated 9/18/14, the injured worker reported pain 7/10 in intensity. Per physical exam, there was sensitivity to light touch in the lumbar region. MRI of the lumbar spine dated 8/19/14 revealed: 1. L4-5 and L5-S1 fusions with posterior decompression. Multilevel degenerative disc disease of the fusions with stable spinal canal narrowing mainly at L2-3. No new critical stenosis. 2. Mild left neural foramen narrowing at L3-4, unchanged. 3. Multiple joint facet arthropathy. He was status post L4-S1 fusion and permanent placement of spinal cord stimulator. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included surgery, SCS, injections, and medication management. The date of UR decision was 9/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4 and S1 Transforaminal Steroid Injection: Upheld

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

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: 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 indicates that the injured worker underwent bilateral L3-L4 transforaminal epidural steroid injections and bilateral S1 transforaminal epidural steroid injection 7/29/14. The medical records did not establish that this treatment resulted in at least 50% pain relief with associated reduction of medication use for six to eight weeks. The injured worker only reported 3-4 weeks of improvement. As the guidelines for repeat block have not been met, the request is not medically necessary.