MAXIMUS Federal Services

Case Number:	CM14-0166764		
Date Assigned:	10/14/2014	Date of Injury:	02/12/2008
Decision Date:	11/14/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Connecticut. 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:

A careful review of the medical records reveals the claimant is a 56-year-old male with complaints of low back pain and leg pain. The date of injury is 2/12/08 and the mechanism of injury is not elicited. At the time of request for bilateral transforaminal epidural steroid injection at L3-4 and L5-S1, there are subjective (low back pain, bilateral lower extremity pain) and objective (restricted range of motion lumbar spine, deep tendon reflexes reduced in the ankles, positive straight leg raise bilaterally) findings, imaging findings (CT scan lumbar spine 2012 shows postoperative changes at L4/5,L5/S1), diagnoses (lumbar discogenic disease, lumbar facet disease, lumbar radiculitis) and treatment to date (epidural steroids, facet blocks and radiofrequency ablation, surgical decompression and fusion, physical therapy, medications). Epidural steroid injections are indicated if several criteria are met: there needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative imaging findings of radiculopathy; there should be documented failure of conservative treatment; epidural injection should be performed using fluoroscopy; a second epidural injection should not be done if the first block did not lead to a significant reduction in pain; no more than 2 nerve root levels should be injected using transforaminal blocks; no more than one intra-laminar level should be injected at one session; repeat therapeutic blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief as well as documentation of attempts of medication reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal lumbar epidural steroid injection at L3-L4 and L5-S1: Upheld

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

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

Decision rationale: Based on the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated if several criteria are met: there needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative imaging findings of radiculopathy; there should be documented failure of conservative treatment; epidural injection should be performed using fluoroscopy; a second epidural injection should not be done if the first block did not lead to a significant reduction in pain; no more than 2 nerve root levels should be injected using transforaminal blocks; no more than one intra-laminar level should be injected at one session; repeat therapeutic blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief as well as documentation of attempts of medication reduction. This patient has clinical findings of L4, L5 radiculopathy/ radicular pain. There has been documented successful analgesic response to previous epidural steroid injections at L4/5 and L5/S1 with corroboration at those levels on clinical findings. However, the physician is requesting substitution of the level L3/4 (instead of L4/5), for which there is no clinical evidence in his documentation of root involvement. Also, there were no procedural/operative notes for previous epidural steroid injections to confirm the levels injected. Therefore, transforaminal epidural steroid injection under fluoroscopy at L3/4 and L5/S1 is not appropriate or medically necessary.