

Case Number:	CM14-0094841		
Date Assigned:	09/18/2014	Date of Injury:	03/14/2013
Decision Date:	10/16/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/23/2014

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 Management and is licensed to practice in Georgia. 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 claimant is a 57 year old female presenting with low back pain following a work related injury on 03/14/2013. MRI of the lumbar spine on 11/22/2013 showed diffuse degenerative disk disease with mild to moderate annular disk bulge greatest at L2-3 and slight progression since last MRI on 10/20/2011. The claimant's prior treatments included chiropractic, massage and medications including Aleve, Xanax, Paxil, Trazodone and Transderm-Scope. The physical exam showed tightness with cervical spine extension, pain elicited with cervical spine rotation, decreased sensation to tactile stimulation above the ankles to down the feet. The claimant was diagnosed with mechanical axial back pain and neck pain as well as left trochanteric bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root block bilateral, L2-3, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection,.

Decision rationale: Selective nerve root block bilateral, L2-3, L4-5, and L5-S1 is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam and MRI result does not corroborate lumbar radiculitis for which the procedure was requested. The claimant did exhibit any neurological deficit; in the dermatomal distribution to be treated with an epidural steroid injection. The requested service is not medically necessary.