

Case Number:	CM14-0095118		
Date Assigned:	07/25/2014	Date of Injury:	09/06/2011
Decision Date:	09/22/2014	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 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:

The patient is a 25-year-old female who has submitted a claim for backache, neck sprain, thoracic spine pain, shoulder joint pain, associated with an industrial injury date of September 6, 2011. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating down the left leg. She underwent lumbar diagnostic facet joint medial branch block six levels and fluoroscopic guidance which provided no more than an hour relief. Physical examination showed an antalgic gait assisted by cane; restricted ROM of the lumbar spine; tenderness over the paravertebral muscles; positive straight leg raising on the left; positive crossed straight leg raise; 4/5 motor strength on left ankle dorsi and plantar flexors; and decreased sensation over the L5 and S1 dermatomes on the left. MRI of the lumbar spine on June 19, 2012 was normal. EMG and NCS of the bilateral lower extremities performed on November 19, 2013 revealed normal findings as well. The diagnoses were low back pain and radiculopathy. Treatment to date has included oral and topical analgesics, lumbar diagnostic facet joint medial branch block, physical therapy, TENS, and chiropractic therapy. Utilization review from June 4, 2014 denied the request for transforaminal ESI at L5-S1 and S1-S2 because prior lumbar diagnostic facet joint medial branch block six levels and fluoroscopic guidance provided no more than an hour relief. Also, MRI of the lumbar spine and EMG of the lower extremities were both normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal ESI at 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 INJECTIONS Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections should include documentation of radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; should be performed using fluoroscopy (live x-ray) for guidance; initially unresponsive to conservative treatment; and 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. In this case, patient underwent lumbar diagnostic facet joint medial branch block six levels and fluoroscopic guidance which provided no more than an hour relief. Likewise, MRI of the lumbar spine and electrodiagnostic studies of the bilateral lower extremities were normal. The guideline requires documentation of at least 50% pain relief with decrease in medication use or six to eight weeks, and objective radiculopathy corroborated by imaging or electrodiagnostic studies. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Transforaminal ESI at L5-S1 is not medically necessary.

Transforaminal Epidural Steroid injection S1-S2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections should include documentation of radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; should be performed using fluoroscopy (live x-ray) for guidance; initially unresponsive to conservative treatment; and 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. In this case, patient underwent lumbar diagnostic facet joint medial branch block six levels and fluoroscopic guidance which provided no more than an hour relief. Likewise, MRI of the lumbar spine and electrodiagnostic studies of the bilateral lower extremities were normal. The guideline requires documentation of at least 50% pain relief with decrease in medication use or six to eight weeks, and objective radiculopathy corroborated by imaging or electrodiagnostic studies. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Transforaminal ESI at L5-S1 is not medically necessary.

