

Case Number:	CM14-0187612		
Date Assigned:	11/14/2014	Date of Injury:	09/02/2013
Decision Date:	01/15/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/07/2014

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 & 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 28-year-old male, who was injured on September 2, 2013, while performing regular work duties. The mechanism of injury is from lifting boxes. The records indicate the injured worker has not worked since the injury. An evaluation on August 19, 2014 indicated the injured worker reported some relief with medications. On September 25, 2014, the records reveal the injured worker is being followed up from an epidural steroid injection (left L4, L5, and S1 transforaminal), given on September 10, 2014, and there had been four days of 15-20% relief from this injection. The records indicate the injured worker has had physical therapy and completed 15 sessions. The request for authorization is for Left L4, L5 and S1 transforaminal epidural steroid injection with fluoroscopy and IV sedation. The primary diagnosis is displacement of lumbar intervertebral disc without myelopathy. On October 7, 2014, Utilization Review non-certified the request for Left L4, L5 and S1 transforaminal epidural steroid injection with fluoroscopy and IV sedation, per the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4, L5 and S1 transforaminal epidural steroid injection with fluoroscopy and IV sedation.: Upheld

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

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. Per the above noted citation, no more than two nerve root levels should be injected using transforaminal blocks. As the request is for three levels, it is not medically necessary.