

Case Number:	CM14-0200936		
Date Assigned:	12/11/2014	Date of Injury:	08/06/2004
Decision Date:	01/27/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 37 year old male with date of injury 8/6/04. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain with radiation of pain to the left leg since the date of injury. He has been treated with physical therapy, medications, trigger point injections and epidural steroid injections. MRI of the lumbar spine dated 06/2013 revealed disc disease at L5-S1 with mild left neuroforaminal stenosis at this level. Objective: decreased and painful range of motion of the lumbar spine; tenderness to palpation of the paraspinous lumbar musculature bilaterally, positive straight leg raise on the left, decreased sensation in the left L5 dermatome, decreased strength of the left ankle dorsiflexors and left hip abductors. Diagnoses: lumbar radiculopathy, lumbosacral spondylosis, degenerative lumbar disc disease. Treatment plan and request: left lumbar L4-5 TFE x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left lumbar L4-5 TFE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: This 37 year old male has complained of low back pain with radiation of pain to the left leg since date of injury 8/6/2004. He has been treated with physical therapy, medications, trigger point injections and epidural steroid injections. The current request is for left lumbar L4-5 TFE x 1. Per the MTUS guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 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" injection in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (7) above. Specifically, there is no recent documentation in the available medical records of at least 50% pain relief with associated reduction of medication use for six to eight weeks. On the basis of the above MTUS guidelines and available provider documentation, left lumbar L4-5 TFE X 1 is not indicated as medically necessary.