

Case Number:	CM14-0211580		
Date Assigned:	12/24/2014	Date of Injury:	07/25/2001
Decision Date:	02/19/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old female with a date of injury of 7/25/01. She is being treated for lumbosacral sprain/strain, lumbosacral radiculitis, bilateral carpal tunnel syndrome, disc bulge, right knee arthroscopy, right knee chondromalacia. Subjective findings on 10/27/14 were neck pain radiating down both arms, neck pain, low back pain radiating down both legs right > left, pain with numbness of both legs at hips to toes and lower extremity pain. Objective findings were spasms L4-5 of paraspinal musculature, moderately limited ROM, decreased sensation right lower extremity, normal motor exam, + straight leg raise. On 10/9/14 documentation states decreased motor strength over L4-S1 dermatome bilaterally. MRI of lumbar spine on 4/18/11 showed L3-4 3.8mm disc bulge which mildly impresses the thecal sac, anterior fusion at L5-S1 with artifact distortion, no gross findings. Treatment thus far has consisted of physical therapy, medications (Norco, Soma, and Xanax) and acupuncture. The Utilization Review on 12/8/14 found the request for Bilateral Lumbar Transforaminal Epidural Steroid Injection at L4-S1 under Fluoroscopy Guidance to be non-certify for the 3rd time due to lack of radicular findings on exam and MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar transforaminal epidural steroid injection at L4-S1 under fluoroscopy guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural Steroid Injections (ESIS), Therapeutic

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain, 10/9/14 states decreased strength of bilateral lower extremities over L4-S1 dermatomes which is most of both legs and is not very specific. MTUS further defines the criteria for epidural steroid injections to include: 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; 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. No more than 2 ESI injections are recommended. Radiculopathy does appear to be documented with imaging studies or correlate to the conflicting physical exam in the records. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. As such, this request is not medically necessary.