

Case Number:	CM14-0214240		
Date Assigned:	01/07/2015	Date of Injury:	01/31/2014
Decision Date:	03/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 42 year old patient with date of injury of 01/31/2014. Medical records indicate the patient is undergoing treatment for transverse myelitis, multiple sclerosis, neck pain, left cervical radiculopathy, left shoulder pain, low back pain, L4 lumbar radiculopathy, left knee pain, left ankle pain, L4/5 far lateral disc herniation, left hip/groin pain. Subjective complaints include neck, left shoulder, low back, left leg, left knee and left ankle pain, right leg numbness and swelling. Objective findings include antalgic gait, unable to heel-to-toe walk, left sided groin pain with internal and external rotation of the hip, tenderness in low back, paraspinal spasms, neck range of motion in extension and rotation, Spurling's positive on left. MRI of left hip dated 11/05/2014 revealed essentially normal appearance of left hip. Treatment has consisted of air cast, cortisone injection to left knee, physical therapy, epidural steroid injection, Neurontin, Tramadol, meloxicam and Lidocaine patch. The utilization review determination was rendered on 12/08/2014 recommending non-certification of Left L4-5 Transforaminal Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) 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. 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 "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Radiculopathy does appear to be documented with imaging studies. 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. Additionally, treatment notes indicate that the patient has had previous epidural steroid injections with "worsening pain". As such, the request for Left L4-5 transforaminal epidural steroid injection is not medically necessary.