

Case Number:	CM14-0216221		
Date Assigned:	01/06/2015	Date of Injury:	03/08/2010
Decision Date:	02/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/24/2014

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old male injured worker suffered and industrial injury on 3/8/2010. The details of the accident and injuries were not included in the documentation provided. Past treatments included lumbar decompression with fusion on October 2012, spinal cord stimulator insertion on 3/5/2014, left total knee replacement 7/9/2014 and 11/06/2014 sacroiliac joint injection. Also included were physical therapy and medications. At the Provider visit of 12/02/2014 the injured worker reported back pain was increasing while doing physical therapy for the total knee replacement. He described pain in the buttocks as burning, aching and stabling. It was worse with sitting, standing and lying down, but better with walking. He used a cane for ambulation. The exam revealed negative straight leg raise and reduced spinal range of motion with right anterior thigh pain. Sensation was intact to light touch throughout. The results of 10/23/2013 EMG revealed chronic bilateral lumbar radiculopathy. Conservative therapies were not effective. The UR decision for the requested transforaminal epidural steroid injections for pain relief was denied. The denial was premised on lack of documentation of physical findings of radiculopathy or by imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection right L3-L4: 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): 47.

Decision rationale: California MTUS page 47 states "the purpose of epidural steroid injections is 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam did not indicate radicular pain and the EMG revealed a chronic radiculopathy; therefore the requested service is not medically necessary.