

Case Number:	CM14-0170862		
Date Assigned:	10/23/2014	Date of Injury:	12/04/2003
Decision Date:	11/21/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 63 year old female with complaints of low back pain and leg pain. The date of injury is 12/4/03 and the mechanism of injury is falling injury missing step on ladder carrying merchandise and falling on left side. At the time of request for outpatient right transforaminal epidural steroid injection at L4-5, there is subjective (low back pain, bilateral lower extremity pain) and objective (tenderness over the facet joints lumbar spine, severe tenderness over left and right sciatic notch, Straight leg raise positive bilaterally) findings, imaging findings (Lumbar spine x-ray 8/14 shows loss of disc height L5-S1 with stable fusion, MRI lumbar spine dated 9/23/14 shows degenerative changes and facet arthropathy at L4-5), diagnoses (Low back pain, lumbar radiculopathy, spinal stenosis, neurogenic claudication), and treatment to date (medications). Epidural steroid injections are indicated if several criteria are met: 1. There needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. 2. Failure of conservative treatment 3. Epidural injection should be performed using fluoroscopy 3. A second epidural injection should not be done if the first block did not lead to significant reduction in pain 4. No more than 2 nerve root levels should be injected using transforaminal blocks 5. No more than one intra-laminar level should be injected at one session 6. Repeat therapeutic blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief as well as documented attempts of medication reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right transforaminal epidural steroid injection (ESI) at right L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Section.

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

Decision rationale: Based on MTUS-Chronic Pain Medical Treatment Guidelines, Epidural steroid injections are indicated if several criteria are met: 1. There needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. 2. Failure of conservative treatment 3. Epidural injection should be performed using fluoroscopy 3. A second epidural injection should not be done if the first block did not lead to significant reduction in pain 4. No more than 2 nerve root levels should be injected using transforaminal blocks 5. No more than one intra-laminar level should be injected at one session 6. Repeat therapeutic blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief as well as documented attempts of medication reduction. This patient has clinical findings of L5-S1 radiculopathy/radicular pain Left greater than Right per documentation. The requesting physician is requesting specifically right L4 injection however the documented exam findings do not support the argument for an injection at that level for that side. Therefore, it is my opinion that the request for right L4 transforaminal epidural steroid injection under fluoroscopy is not appropriate nor medically necessary.