

Case Number:	CM13-0012654		
Date Assigned:	09/17/2013	Date of Injury:	09/01/2008
Decision Date:	12/22/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/12/2013

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 Emergency Medicine and is licensed to practice in California. 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 injured worker is a 39-year-old female who reported injuries due to a slip and fall on 09/01/2008. The submitted documentation is 2 years old and incomplete. There were no diagnoses included in the report. On 10/11/2012, her complaints included pain radiating to the upper and lower back, bilateral knees and elbows. She rated her pain from 6-9/10 during the course of a day. She stated that her medications helped with her pain. She reported her pain affected her sleep, and she was depressed about her pain level. She was gaining weight. She was being treated for anxiety. After her initial injury in 09/2008 she attempted physical therapy, but was unable to complete it due to discomfort. Her medications included Vicodin, tramadol and Flexeril of unspecified dosages. A urine drug screen did not indicate the presence of Vicodin. Therefore, that medication was denied. An MRI on 09/22/2008 revealed degenerative changes of the lumbar spine with a small annular tear at L3-4. A previous epidural injection at an unspecified level gave her 2 to 3 weeks of benefit. There was no rationale included in this injured worker's chart. A Request for Authorization dated 10/11/2012 was included.

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 L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The request for transforaminal epidural steroid injection, right L4-L5 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, but no more than 2 ESIs. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. They can offer short term pain relief, and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairments of function or the need for surgery, and do not provide long term pain relief beyond 3 months. Among the criteria for the use of epidural steroid injections are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the condition must be initially unresponsive to conservative treatment, including exercises, physical methods, NSAIDs and muscle relaxants. There was no documentation of radiculopathy, imaging studies or electrodiagnostic testing. There was no documentation of a home exercise program or failed trials of muscle relaxants. The clinical information submitted failed to meet the evidence based guidelines for ESI. Therefore, this request for transforaminal epidural steroid injection, right L4-L5 is not medically necessary.