

Case Number:	CM13-0013923		
Date Assigned:	11/06/2013	Date of Injury:	04/17/2012
Decision Date:	01/15/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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:

25 year old woman with work related low back injury on 04/17/12. She had extensive work up and treatment by PCP, and Orthopedic Surgeon, with objective findings of reduced lumbar range of motion, positive straight leg raising bilaterally, decreased sensation at the R. posterior calf. Decreased tendon reflexes at the knee and 0 sensation at the R.ankle. She received one lumbar epidural steroid injection on 08/02/ 2013 Chronic LBP Whether the ESI is medically necessary and appropriate. Is/was NOT medically necessary with relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Section of Epidural Steroid Injections Page(s): 46.

Decision rationale: According to Occupational Medicine Practice Guidelines (section on Lower back Complaints, page 300,) Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may

afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. In addition, MTUS (Effective July 18, 2009) Chronic Pain Medical Treatment Guidelines (page 46), stipulates that "the purpose of Epidural Steroids Injections (ESI) 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 offers no significant long-term functional benefit". MTUS further stated "current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." In the therapeutic phase, MTUS stated "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. es 75, 80 and 84); Topical analgesics (page 111). Epidural Steroid injection (page 46)