

Case Number:	CM13-0016148		
Date Assigned:	11/06/2013	Date of Injury:	12/31/2011
Decision Date:	01/30/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/26/2013

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.

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 patient is a 39-year old male who sustained an injury on 12/31/11 from heavy lifting. According to the case summary, the 4/22/13 report indicated that the patient reported four days of improvement from the epidural steroid injection and then returned to baseline. Given that there was no documentation of sustained relief of at least 50% for at least 6 weeks from the prior ESI, the medical necessity of the requested repeat LESI has not been established. According to the Orthopedic Surgery Progress Report dated 7 I 15113 by [REDACTED], the patient reported that the symptoms- persisted in the low back and left buttock. The patient was taking Naproxen and omeprazole. Physical exam on the lumbosacral spine showed midline tenderness without paraspinous spasm. Range of motion (ROM) as follows: forward flexion to 20 degrees, extension to 10 degrees, and lateral bending to 10 degrees bilaterally. There was an expression of discomfort at the extremes of both forward flexion and extension. Straight leg raising was positive on the left at 70 degrees in both the sitting and supine position. There was decreased sensation along the lateral aspect of the left thigh. The treating physician requested an appeal for the repeat lumbar ESI. Patient will continue on Tylenol no. 3, Naproxen and Omeprazole. According to. The Orthopedic Surgery Progress Report dated 6/17/13 by [REDACTED], the patient demonstrated florid left lower extremity radiculopathic signs and symptoms, with positive straight leg raising and dermatomal sensory changes, and with MRI evidence of a clinically correlative left-sided disc herniation at L5-S1. A qualified Medical Evaluation dated 11/30/12 by [REDACTED] stated that the patient had achieved the maximum medical improvement and required no further medical treatment or diagnostic studies regarding any claimed work-related injuries during the course the employment. The patient required no further treatment to the neck, back, right shoulder o

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbar Epidural Steroid Injection: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: CA-MTUS (Effective July 18, 2009) Chronic Pain Medical Treatment Guidelines (page 46), stipulates that "the purpose of Epidural Steroid 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". Occupational Medicine Treatment Guidelines (page 300) stated "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. Criteria for the use of Epidural steroid injections: Note: The purpose of 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. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 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. Based on the fact that patient stated that the previous epidural steroid injection he received offered 50% pain relieve that lasted for four days instead of six to eight weeks as stipulated in the guidelines, therefore the request repeat Lumbar Epidural Steroid Injection is not medically necessary.