

Case Number:	CM13-0018834		
Date Assigned:	10/11/2013	Date of Injury:	03/13/2012
Decision Date:	07/23/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 43-year-old female who reported an injury on 03/13/2012. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be epidural steroid injections, topical and oral medications, exercise, and trigger point injections. Her diagnoses were noted to be lumbar radiculitis and lumbar disc bulge at L5-S1. On the clinical evaluation dated 08/16/2013, the injured worker had complaints of ongoing low back pain with radiation to the left lower extremity, including constant intermittent numbness and tingling to the left side. Upon physical examination sciatic stretch was positive on the left and there was slight decreased sensation at L4-5 on the left. There was limited range of motion and a mild antalgic limp noted. The treatment plan on this date included a request for authorization for surgery, topical and oral medications, and a return to office in 6 weeks for re-evaluation. The provider's rationale for the requested ESI was not provided within the documentation. The Request for Authorization for Medical Treatment was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

A lumbar epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections (ESIs).

Decision rationale: The request for a lumbar epidural steroid injection at L5-S1 is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine states 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. The Official Disability Guidelines indicate criteria for the use of epidural steroid injections. The purpose of an epidural steroid injection is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use, and avoiding surgery, but this treatment alone offers no significant long term functional benefit. The guidelines state radiculopathy must be documented. Objective findings on examination must be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. Patients must initially be unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). Injection should be performed using fluoroscopy for guidance. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. It was noted in the clinical evaluation dated 07/16/2013 that the injured worker was status post 2 epidural steroid injections with moderate relief. The documentation provided did not include an official MRI to indicate radiculopathy. The examination fails to provide a physical finding of decreased reflexes, decreased strength values, decreased sensation to specific dermatomes, a positive straight leg raise, or any other neurological findings. The examination did not note any lack of response to conservative treatment such as exercises, physical methods, NSAIDs, or muscle relaxants. The request does not indicate using fluoroscopy for guidance. The guidelines indicate the objective documented pain and functional improvement of at least 50% pain relief should be associated with the previous ESIs. It is not noted that there has been a reduction in medication use for 6 weeks to 8 weeks. The guidelines do not recommend more than 2 ESIs. Therefore, the request for a lumbar epidural steroid injection at L5-S1 is not medically necessary.