

Case Number:	CM13-0023557		
Date Assigned:	11/15/2013	Date of Injury:	06/18/2008
Decision Date:	01/22/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine & Rehabilitation, 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:

This patient is a seventy nine year old male who reported an injury on 06/18/2008. Notes indicate that an Magnetic Resonance Imaging of the lumbar spine demonstrated multilevel disc herniations at L2-3 through L5-S1. The patient underwent conservative treatment to the low back which has included physical therapy, acupuncture, and pain medications, as well as an L5-S1 epidural steroid injection on 08/22/2012 and a second epidural steroid injection performed on 04/19/2013. The current request for consideration is for a repeat lumbar epidural spine injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar epidural spine injection: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. The purpose of an 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. The criterion for injection includes but is not limited to radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, Non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance; with no more than two nerve root levels injected using transforaminal blocks and no more than one interlaminar level injected at one session. 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 weeks to eight weeks. The documentation submitted for review indicates that on 08/22/2012, the patient underwent an L5-S1 epidural steroid injection with followup clinical notes indicating that the patient had a decrease in pain. A procedure note on 04/19/2013 indicated the patient underwent a left L5 transforaminal epidural steroid injection, with subsequent clinical evaluation on 08/01/2013 indicating that the patient had achieved 60% to 70% pain relief. However, subsequent clinical notes failed to detail a length of time for which the patient had a reduction in pain, or to indicate that the patient was able to decrease medication usage, and to indicate what functional improvement was demonstrated by the patient as a result of the injection. Furthermore, the request for repeat lumbar spine injection fails to indicate the requested level or laterality of the injection. Given the above, the request for repeat lumbar epidural spine injection is not medically necessary and appropriate.