

Case Number:	CM13-0031224		
Date Assigned:	12/04/2013	Date of Injury:	10/12/2010
Decision Date:	06/16/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/03/2013

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 Family Medicine and is licensed to practice in Arizona. 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 patient reported a date of injury on 10/12/2010. Diagnoses include lumbar disc injury, right L4/5 and L5/S1 facet degenerative joint disease, right sacroiliac arthralgia, and right sciatica. Subjective complaints are of low back pain with radiation to the right buttock, thigh and ankle. Physical exam showed a positive right Kemp's sign, tenderness to palpation over lumbar paraspinal area and right sacroiliac area. Lumbar range of motion was decreased, motor and sensory exam was normal. Prior treatments have included physical therapy, acupuncture, imaging, medications, radiofrequency ablation, and steroid injections. Medications include Butrans, Norco, Tramadol ER, Neurontin, and Zanaflex. Lumbar MRI from 2010 and EMG/NCS from 2011 gave an impression of chronic bilateral L5/S1 radiculopathy. Lumbar MRI from 2012 showed annular fissure and disc protrusion at L3/L4, moderate facet joint hypertrophy with mild right neural foraminal narrowing. Central annular fissure and a broad based disc bulge at L5-S1 resulting in right neural foraminal narrowing. The patient received an ESI on 2/20/12 that did not provide relief, followed by a second ESI that similarly gave no relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR CAUDIAL EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, ESI.

Decision rationale: CA MTUS notes that the purpose of epidural steroid injection (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. While for diagnostic purposes, a maximum of two injections can be performed if there is inadequate response to the first block. An inadequate response (ODG ESI chapter) of <30% would not warrant a second ESI. For therapeutic injections, repeat blocks should be based on continued objective pain relief and functional improvement, including at least 50% improvement for 6 to 8 weeks. This patient has had previous injections that did not demonstrate pain relief or functional improvement. Since patient had failed injections previously there is no clear rationale that a repeat injection would be a long-term benefit. Therefore, the request for caudial epidural steroid injection is not medically necessary and appropriate.