

Case Number:	CM13-0031357		
Date Assigned:	03/17/2014	Date of Injury:	11/07/2010
Decision Date:	05/22/2014	UR Denial Date:	08/30/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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 claimant is a male injured worker with a date of injury of November 7, 2010. A utilization review determination dated August 30, 2013 recommends non-certification of lumbar epidural steroid injection L4-5 with bilateral facet and sacroiliac injection. A progress report dated September 11, 2013 identifies subjective complaints indicating 3-6/10 pain. It appears the patient may have undergone an epidural steroid injection on September 3, 2013. Objective examination findings identify reduced sensation to light touch/pinwheel on the right in the L5/S1 distribution with positive straight leg raise. Range of motion is reduced. Diagnoses include lumbar herniated nucleus pulposus L4/5, lumbar spine exacerbations strain, left sacroiliac joint pain, and facet arthropathy. The treatment plan recommends continuing Naproxen, Ranitidine, and Gabapentin. A progress report dated August 14, 2013 appears to recommend scheduling an epidural injection, facet injection, and sacroiliac injection. A progress report dated August 7, 2013 indicates that the patient has received injections which have only given temporary relief. An operative report dated March 12, 2013 indicates that the patient had a second epidural injection on February 5, 2013 with an additional 40% reduction in low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID THERAPY (LESI) L4-L5 WITH BILATERAL FACET AND SACROILIAC INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, MTUS guidelines state that 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. Regarding the request for lumbar facet injections, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. The Official Disability Guidelines (ODG) state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Regarding the request for sacroiliac joint injections, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, the patient has previously undergone epidural steroid injections. There is no documentation that previous injections have provided at least 50% pain relief with associated reduction of medication use for six-day weeks with objective functional improvement. Additionally, facet injections and sacroiliac injections are not recommended if there are radicular symptoms. Furthermore, there is no documentation that the patient has 3 positive sacroiliac joint physical examination findings as recommended by guidelines. Lastly, guidelines do not generally recommend performing multiple different injection modalities at one time. The request for lumbar epidural steroid therapy (LESI) L4-5 with bilateral facet and sacroiliac injection is not medically necessary and appropriate.