

Case Number:	CM13-0034744		
Date Assigned:	12/11/2013	Date of Injury:	06/05/2006
Decision Date:	06/03/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/15/2013

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 Orthopedic Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24hours 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 49 year old male who reported an injury of unknown mechanism on 06/05/2006. In the clinical note dated 08/19/2013, the injured worker complained of low back pain that radiated bilaterally to lower extremities. He also complained of neck pain that radiated bilaterally to upper extremities. The injured worker's pain level was documented as 8/10 with medications and 10/10 without medications. It was documented that the injured worker was status post transforaminal epidural steroid injection at bilateral L5-S1 level on 07/12/2013. He reported no overall improvement (less than 5%), but it was documented the injured worker was in the therapeutic phase. In the physical examination it was documented the injured worker had moderate reduction of range of motion to the lumbar spine secondary to pain. Spinal vertebral tenderness was noted in the lumbar spine at L4-S1 level. He was also noted to have lumbar myofascial tenderness upon palpation. The physical examination also revealed a positive straight leg at 50 degrees bilaterally while the injured worker was in a seated position. The diagnoses included lumbar radiculopathy, lumbar facet arthropathy, lumbar spinal stenosis, chronic pain, medication related dyspepsia, a report of the injured worker having limited response to more conservative measures of therapy including epidural injection. The treatment plan included 1 additional therapeutic lumbar epidural steroid, continuation of on-going exercise program, and medications for pain. Follow up was recommended in one month. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION USING FLUOROSCOPY AT L5-S1:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 46.

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

Decision rationale: The request for lumbar epidural steroid injection (LESI) using fluoroscopy at L5-S1 is not medically necessary. The California MTUS guidelines state research has now shown that, on average, less than two injections are required for a successful ESI outcome. The current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. In the clinical note it was noted that the injured worker had just received a transforaminal epidural steroid injection on 07/12/2013 with no overall improvement (less than 5%). It is unclear why an additional epidural steroid injection would be requested. The guidelines state 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. Therefore, the request for lumbar epidural steroid injection (LESI) using fluoroscopy at L5-S1 is not medically necessary.