

Case Number:	CM13-0040217		
Date Assigned:	12/20/2013	Date of Injury:	01/28/2013
Decision Date:	02/18/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 and Rehabilitation has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, District of Columbia and Florida. 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:

The claimant is a 33 year old male who injured his back and left hip on 1/28/13. While flipping a heavy table, the table slipped pulling him forward injuring his lower back. Current diagnoses are lumbosacral strain and herniated nucleus pulposus. Lumbar x-rays on 1/28/13 by [REDACTED] were normal. He was initially seen in Physical Therapy on 2/4/13 and treated with nine sessions of therapy which "helped somewhat". The patient has tried Vicodin, Soma, ibuprofen and Celebrex. He was provided a lumbar corset. The TENS unit has been helping. MRI on 3/18/13 by [REDACTED] revealed circumferential bulge at L4-5, mild central spinal stenosis, and mild bilateral inferior foraminal narrowing. The bilateral annular bulging is asymmetrical toward the left with mild impingement on the traversing left L4 nerve root. History is significant for recent left hip surgery. As per the latest report dated 9/20/13, the patient has had a significant flare up of his low back pain since the surgery which is like pins and needles in his back. He has been participating in post operative PT. The examination revealed ambulation with slight limp on the left. Lower extremity strength was 5/5 bilaterally except in left extensor hallucis longus which is 3/5 on the left and 4+/5 on the right. Sensation is diminished generally throughout the left lower extremity. SLR is significantly positive on the left seated at 75 degrees. Patellar and Achilles reflexes are 2+ bilaterally. This report mentioned electrodiagnostic testing on 5/16/13 which was normal. The patient has examination findings suggestive of radiculopathy which is supported by imaging studies. According to this report, the patient "would benefit from a second epidural steroid injection on the left at L4-5. In the most recent progress report dated August 9, 2013, the treating physician noted: The claimant was last seen in this- office on July 11, 2013. Since that time, he has undergone a consultation with [REDACTED] for his hip and surgery was recommended. The surgery for his hip has been authorized and is scheduled for this coming

Monday. The patient continues to complain of left hip pain as well as low back pain. The treating physician further stated: "The patient did undergo one epidural injection approximately 2 weeks ago for his low back and states that it was of no- benefit."

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

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

Decision rationale: CA-MTUS (Effective July 18, 2009), page 46 of 127, stipulates that "the purpose of 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, but this treatment alone offers no significant long-term functional benefit". Occupational Medicine Treatment Guidelines (page 300) stated "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. 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. Criteria for the use of Epidural steroid injections: Note: The purpose of 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. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The guideline stipulates that if Epidural steroid injection is used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. Also the guideline further stated that 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, with a g