

Case Number:	CM13-0046777		
Date Assigned:	12/27/2013	Date of Injury:	04/13/2012
Decision Date:	02/19/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/01/2013

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 Anesthesiology and has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 presents with low back pain following a work related injury on 4/13/2012. MRI of the lumbar spine was significant for L4-5 mild canal stenosis, 8mm central disc protrusion contacting the bilateral descending L5 nerve roots, L5-S1, central disc protrusion with annular tear effacing the anterior thecal sac. On 10/23/2013 the claimant had a L4-5 lumbar epidural steroid injection under fluoroscopic guidance and epidurogram and injection of Toradol for postop pain management. The claimant was diagnosed with lumbago, lumbar sciatica, lumbar disc herniation, lumbar myelopathy and lumbar diskopathy. Following the epidural the claimant report a 60-70% improvement. The medical records also notes the claimant had physical therapy and chiropractor therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right epidural steroid injection L4-L5 QTY: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: Right epidural steroid injection L4-L5 QTY: 3 is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The claimant reported a 60-70% reduction in pain following the epidural steroid injection but it was not documented how long the claimant felt relief. Per Ca MTUS at least six weeks of relief is required prior to approval of a second epidural steroid injection. Additionally, the request was made for 3 epidural steroid injections. The guidelines only recommend a maximum of 2 epidural steroid injections. The requested service is therefore not medically necessary