

Case Number:	CM13-0049110		
Date Assigned:	02/14/2014	Date of Injury:	10/11/2010
Decision Date:	04/22/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/07/2013

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 Occupational Medicine and is licensed to practice in Hawaii. 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 is a 32-year-old male with a date of injury of 10/11/2010. Medical documents indicate that the patient is undergoing treatment for lumbar disc herniation. Subjective complaints (9/13/2013) include low back pain with radiculopathy. Objective findings (9/13/2013) include normal motor strength examination to lower extremities bilaterally, and patient reported numbness in the L4-5 distribution on the left leg versus the right. A deep tendon reflex was not performed. MRI report dated 2/2/2012 indicate 2mm disc bulge at L2-3, 2mm bulge at L3-4, 3-4 mm bulge at L4-5, 4mm bulge at L5-S1, mild neural foraminal narrowing on the left at L2-3, bilaterally at L3-4 and L4-5 and on the right at L5-S1. An epidural steroid injection to L4-5 was performed on 8/13/2013. A utilization review dated 10/24/2013 non-certified a request for second ESI at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND ESI (EPIDURAL STEROID INJECTION) AT THE LEVEL OF L4-L5 LUMBAR SPINE.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: ACOEM Guidelines state "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. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." ODG and MD Guidelines agree that: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended . . . If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported." The treating physician does not document at least 50% pain relief but writes (9/13/2013) that the patient "is reporting that after the injection, he had more spasms, but now he is doing better. He is describing the pain as sharp, but it is still constant in nature. It is 7/10". The treating physician writes that the "medication and injections have helped alleviate the pain somewhat", but does not quantify the level of relief. Per ODG, "Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms . . . Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response." The treating physician does not document any acute exacerbation of pain, new radicular symptoms, continued objective pain relief, or functional response. As such, the request for second ESI (Epidural Steroid Injection) at the level of L4-L5 lumbar spine is not medically necessary.