

Case Number:	CM14-0003787		
Date Assigned:	02/03/2014	Date of Injury:	09/28/2012
Decision Date:	09/19/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/10/2014

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 Illinois. 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:

This 27-year-old man has a date of injury of Sept 28, 2012 when he had a work-related motor vehicle accident from which he complained of multiple musculoskeletal areas of pain. He has lumbar strain, lumbar disc herniation, lumbar radiculopathy of lower extremities and limited range of motion of the right knee. Magnetic resonance imaging scan on January 31, 2013 showed early disc desiccation at L5-S1, protrusion of L4-L5, and protrusion of L5-S1. He received a L4-L5 and L5-S1 epidural steroid injection on June 26, 2013. On Nov 6, 2013, he received a second injection and 75% improvement with weakness, tingling and numbness. On Nov 15, 2013, the worker was asked to rate his pain on a visual analog scale. He stated his pain was at a 6/10, which was an increase in rating from Aug 9, 2013 and Sept 6, 2013. His lumbar extension and lumbar flexion has decreased in ability. Urine toxicology results from Nov 6, 2013 showed consistency with medications prescribed. On Nov 25, 2013, he complained of low back pain, limited range of motion and tingling and numbness in both legs. The low back pain was aggravated when standing on uneven surfaces or standing up from a sitting position.

IMR ISSUES, DECISIONS AND RATIONALES

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

3RD BILATERAL TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION AT THE L4-L5, L5-S1, UNDER FLUOROSCOPY GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 epidural steroid injections. This is in contradiction to previous generally cited recommendations for a "series of three" epidural steroid injection. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful epidural steroid injection outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third epidural steroid injection 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. This worker has had 2 steroid injections, with an interval between the two of about 4-1/2 months. After his second injection, he stated he had 75% relief of pain, but within 2 weeks, his pain had returned to a 6/10 level and within 3 weeks he had returned to his previous level of pain. Per Chronic Pain Medical Treatment Guidelines, current research does not support more than 2 injections and 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. There is no documentation to support these guidelines.