

Case Number:	CM14-0006223		
Date Assigned:	02/05/2014	Date of Injury:	04/29/2013
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/14/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in 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 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 37-year-old male who reported an injury on 04/29/2013. The injured worker was reportedly lifting 40 pound boxes of strawberries and noticed a backache at 9 pm that evening. The injured worker's physical exam revealed a positive straight leg raise, guarding noted during the lumbar exam, sacral tenderness to palpation on the left posterior superior iliac spine, and signs of low back pain. The provider recommended a transforaminal epidural steroid injection on the bilateral L3-4 and bilateral L4-5 in hopes to reduce swelling and inflammation around the nerve root to decrease pain and increase function. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL INJECTION ON THE BILATERAL L3-L4 AND BILATERAL L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID.

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

Decision rationale: The request for a transforaminal epidural steroid injection at the bilateral L3-4 and L4-5 is non-certified. The California MTUS Guidelines recommend ESIs as an option for treatment for radicular pain. Epidural steroid injections can offer short term pain relief and, if used, should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks after the injection, but they do not affect impairment, function, or the need for surgery and do not provide long term pain relief beyond 3 months. The criteria for use of an ESI include radiculopathy must be documented by physical examination, initially unresponsive to conservative treatment, injections should be performed using fluoroscopy for guidance; if used for diagnostic purposes, a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using a transforaminal approach. No more than 1 interlaminar level should be injected in 1 session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and function improvements including at least 50% pain relief with the associated reduction of medication use for 6 to 8 weeks. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The included medical documents do state that the injured worker had a positive straight leg raise, however there was no mention of muscle weakness or numbness. The provider also stated that the injured worker was initially unresponsive to conservative treatment, but, however, did not indicate a complete and adequate pain assessment of the injured worker. The guidelines also recommend that injections should be performed using fluoroscopy. The request as submitted did not include fluoroscopy for the ESI. As such, the request is not medically necessary and appropriate.