

Case Number:	CM14-0100683		
Date Assigned:	09/16/2014	Date of Injury:	08/18/2010
Decision Date:	10/15/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/30/2014

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 Colorado. 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 male with date of injury August 18, 2010 and a diagnosis of lumbar spondylosis and spondylolisthesis. The request is for a translaminar lumbar epidural injection at L3-4. The April 7, 2014 follow-up visit notes some recurrence of his symptoms and he reports some improvement with epidural months ago. No visual analogue scale scoring or documentation of functional benefit is noted. On exam, he is able to bend to his ankles and has a normal gait and weakly positive straight let test on the right. The June 5, 2014 follow-up visit notes the worker feelings of paresthesias radiating from the lateral ankle to the lateral right knee, dorsal right foot, anterior leg, and posterior calf. It is unchanged from last visit. On exam, there is percussion of the lateral distal fibula elicits paresthesias along the lateral foot and 5th toe. Light touch is intact, deep tendon reflex are intact, muscle strength is normal and no back or neural tension exam is noted. April 29, 2014 follow-up notes feelings of paresthesias. Similar symptoms and clinical findings were noted on June 5, 2014. Right ankle sprain and plantar fibromatosis is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar lumbar epidural steroid injection (ESI), L3-L4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), therapeutic.

Decision rationale: According to the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 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 workers 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. According to the Official Disability Guidelines, in the therapeutic phase (the phase after the initial block/blocks were given and found to produce pain relief), repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The medical records submitted do not reflect the criteria required by the medical treatment guidelines for a repeat epidural. There is no documentation of substantial pain relief documented with visual pain scoring and documented prolonged relief and functional improvement in this worker's case. Therefore, the request for a translaminar lumbar ESI, L3-L4 is not medically necessary or appropriate.