

Case Number:	CM14-0104974		
Date Assigned:	07/30/2014	Date of Injury:	07/07/2009
Decision Date:	10/03/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53-year-old male who reported an injury on 07/07/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 05/21/2014 indicated the diagnoses of chronic back pain and opioid dependence. The injured worker reported his back still hurt and rated his pain 6/10. On physical examination the injured worker had positive paraspinal tenderness. The injured worker was going to begin aquatic therapy and there was a possibility for an order of an MRI. The injured worker's treatment plan included order epidural, order physical therapy, order urine toxicology screen and follow up in 1 month. Injured worker's prior treatments included medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for epidural steroid injection. A Request for Authorization dated 01/21/2014 was submitted for epidural steroid injection. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, one.: Upheld

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

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

Decision rationale: The request for Lumbar Epidural Steroid Injection, one is not medically necessary. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. There is lack of documentation provided of exhaustion of conservative therapy such as NSAIDs and physical therapy. In addition, the official MRI was not submitted for review. Furthermore, there is lack of documentation of radiculopathy upon physical examination. Moreover, the request does not indicate a level for the epidural steroid injection. Additionally, the request does not indicate fluoroscopy for guidance. Therefore, the request is not medically necessary.