

Case Number:	CM14-0014197		
Date Assigned:	06/04/2014	Date of Injury:	11/07/2013
Decision Date:	07/28/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/04/2014

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 and Rehabilitation and is licensed to practice in California. 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 55-year-old male who reported an injury on 11/07/2013. The mechanism of injury was noted to be a fall. The injured worker's prior treatments were noted to be medications, back brace, and physical therapy. The injured worker's diagnoses were noted to be lumbar degenerative disc disease, lumbar strain, thoracic myofascial strain, left shoulder strain, and impingement syndrome to the left shoulder. The injured worker had a clinical evaluation on 05/09/2014. The injured worker had complaints of pain rated 7/10 to 8/10 on a 0/10 pain scale. The injured worker described his pain as popping. He stated that his hand becomes ice cold with numbness down both legs, and thoracic pain that radiates up into his neck with associated headaches. The physical exam noted tenderness with palpation of the thoracic spine, there was tenderness to palpation of the paraspinal bilateral trigger point location left of the SI joint. Range of motion for flexion, extension, and right lateral flexion and left lateral flexion were all limited with severe pain. It was noted in the objective findings that motor strength was normal in both lower extremities. Sensation was grossly normal in the lower extremities and deep tendon reflexes in the lower extremity were reactive and symmetric. The treatment plan included a referral to a pain clinic for chronic pain issues, a referral for lumbar facet injections, and a request for a transcutaneous electrical nerve stimulation unit for home use for his back pain. The provider's rationale for the requested lumbar epidural steroid injection was provided within the documentation dated 05/09/2014. A request for authorization for medical treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR ESI L2-L3, L3-L4, L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections (ESIs).

Decision rationale: The request for LUMBAR ESI L2-L3, L3-L4, L4-L5 is non-certified. The California MTUS/American College of Occupational and Environmental Medicine states invasive techniques (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. The Official Disability Guidelines recommend epidural steroid injections as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. The purpose of an epidural steroid injection is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The criteria for an epidural steroid injection according to the Guidelines is (1) radiculopathy must be documented. Objective findings on examination need to be present; (2) initially unresponsive to conservative treatment of exercises, physical methods, NSAIDs, and muscle relaxants; (3) injections should be performed using fluoroscopy and injection of contrast for guidance. The Guidelines continue to recommend no more than 2 nerve root levels should be injected using transforaminal blocks. The injured worker's clinical evaluation on 05/09/2014 provides the impression of an MRI dated 12/18/2013. There was multilevel degenerative disc disease. There was no significant spinal stenosis. There was moderate left L5-S1 foraminal stenosis. There was otherwise no more than mild foraminal stenosis. Mild L4-5 and severe L2-3 facet degenerative disease and pain from the lower coccygeal to the upper lumbar region. The injured worker's MRI does not indicate radiculopathy. The exam does not document the injured worker being unresponsive to conservative treatments including exercise, physical methods, NSAIDs, and muscle relaxants. The request failed to indicate fluoroscopy for guidance. The recommendation according to the Guidelines is no more than 2 nerve root levels being injected in 1 session. Therefore, the request for LUMBAR ESI L2-L3, L3-L4, L4-L5 is non-certified.