

Case Number:	CM14-0112038		
Date Assigned:	08/01/2014	Date of Injury:	05/05/2009
Decision Date:	09/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/18/2014

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 female who reported an injury on 5/5/09 due to repetitive lifting. The MRI of the lumbar spine dated 11/22/13 revealed mild multilevel discogenic changes. The past treatments included nerve conduction study dated 11/26/13 with no significant abnormalities found. The past treatments also included physical therapy (at least 5 visits) and epidural steroid injection with good results. The medications included naproxen 500 mg and tramadol 50 mg. The injured worker reported a pain level of 8/10 with medication and a 9/10 without medications. The objective findings dated 12/18/13 revealed a 5/5 to extremities, 2+ reflexes at the knees, positive facet loading on the left and a positive straight leg raise on the right. The treatment plan included to continue with a home exercise program and continue with physical therapy stabilization and core strengthening after injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-4, L4-5 two level transforaminal epidural injection (ESI): Upheld

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

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

Decision rationale: Epidural steroid injections (ESIs) are recommended as an option for the treatment of radicular pain. Most current guidelines recommend no more than two ESIs. This is in contradiction to previous generally cited recommendations for a series of three ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injections 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. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. The guidelines also indicate that radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing, must prove initially unresponsive conservative treatment, a maximum of 2 injections should be performed, and 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 2 weeks between injections. Per the documentation provided, there was no diagnosis of radiculopathy. The objective findings revealed minimal examination of the lumbar spine. As such, the request is not medically necessary.