

Case Number:	CM14-0114524		
Date Assigned:	08/04/2014	Date of Injury:	03/26/1997
Decision Date:	09/10/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 67 year-old with a reported date of injury of 03/26/1997. The patient has the diagnoses of lumbosacral degenerative disc disease with stenosis. Per the progress notes from the primary treating physician dated 06/17/2014, the patient had complaints of episodic low back pain with left foot drop, left sciatic pain radiating to the calf and numbness in the right groin. The physical exam noted negative bilateral straight legs raises, sensation intact, no lumbar tenderness to palpation and weakness in the left anterior tibialis muscle. The treatment recommendations included epidural steroid injection and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: 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 Page(s): 46.

Decision rationale: The Chronic Pain Treatment Guidelines section on Epidural Steroid Injections (ESI) recommends this medication as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The

purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The criteria for the use of Epidural steroid injections include 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 and 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. The provided documentation fails to document radiculopathy on the physical exam and the only collaboration is with an MRI from 2009 with no specifics given to confirm radiculopathy. There was also no mention on specifically where the epidural steroid injection will be given. The above mentioned criteria has not been met, for the reasons stated above, the request for Lumbar Epidural Steroid Injection is not medically necessary.