MAXIMUS Federal Services

Case Number:	CM14-0151228		
Date Assigned:	09/19/2014	Date of Injury:	09/27/1999
Decision Date:	10/20/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/16/2014

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 Illinois. 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:

This injured worker is a 56 year-old man who injured his back when he tried to stop a freefall of the door of his delivery truck on Sept 27, 1999. A magnetic resonance imaging (MRI) scan of the lumbar spine showed multiple level disc protrusions. An electromyography (EMG)/nerve conduction velocity (NCVs) suggested moderate S1 radiculopathy. He was treated with physical therapy, medications, and had lumbar spine fusion. He has continued chronic sharp and stabbing low back pain with radiation, numbness and tingling to the lateral aspect of both legs down to the soles of his feet. He wears a back brace and takes medication with improvement. He takes or has taken Soma, Norco, Ambien, Lidoderm and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 epidural steroid injection under fluroscopic guidance x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: The purpose of Epidural steroid injection (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. Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Per the Medical Treatment Utilization Schedule (MTUS), the criteria for the use of epidural steroid injections include:1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs [NSAIDs] and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) 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. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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.This injured worker has complaints of low back pain with radiation to the legs and radiological evidence of lumbar spine disc protrusion. However, there is no detailed documentation about which conservative modalities the injured worker has tried, including physical therapy and medications such as non-steroidal anti-inflammatory drugs (NSAIDs)/muscle relaxants, and what the results of those therapies were. Therefore the requested Right L4-5 epidural steroid injection under fluroscopic guidance x 1 is not certified.