

Case Number:	CM14-0156361		
Date Assigned:	09/25/2014	Date of Injury:	06/03/2005
Decision Date:	10/29/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/24/2014

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, has a subspecialty in Pain Management 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 40-year-old male who reported an injury on 06/03/2005. The mechanism of injury was not clearly indicated in the clinical notes. The injured worker's diagnosis included lumbar spine radiculitis. The injured worker's past treatments included a lumbar epidural steroid injection, medications, and 24/7 home care. The injured worker's diagnostic exams are not clearly indicated in the clinical notes. The injured worker's surgical history was not clearly indicated in the clinical notes. On 07/29/2014, the injured worker complained of pain to the lumbar spine that had been unchanged. The physical exam revealed lumbar spine pain. The injured worker's medications included Cymbalta, Abilify, Topamax, Elavil, and Ambien. The treatment plan consisted of a second epidural steroid injection of the lumbar spine. A request was received for 1 lumbar spine epidural injection. The rationale for the request was not clearly indicated. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar spine epidural injection: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as a possible option for short term treatment of radicular pain that is defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. Epidural steroid injections should be used in conjunction with active rehab efforts. The criteria for the use of epidural steroid injections include, documentation of radiculopathy that is corroborated by imaging studies or electro diagnostic testing. There also must be documentation of the injured worker initially being unresponsive to conservative treatment; the injection should be performed under fluoroscopy; and no more than 2 nerve root levels should be injected using transforaminal blocks. The use of repeat epidural steroid injections is based on documentation of pain relief of at least 50% to 70% for at least 6 to 8 weeks. The indication for repeat blocks also includes acute exacerbation of pain or a new onset of radicular symptoms. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. Based on the clinical notes, the injured worker complained of pain to the lumbar spine that was unchanged since the first epidural injection. His diagnoses included lumbar spine radiculopathy, but there were no indications that diagnostic testing was performed to corroborate these findings. Also, the clinical documentation failed to indicate objective findings of radiculopathy. There was no indication that the injured worker was initially unresponsive to conservative treatments such as, physical methods, NSAIDs, and muscle relaxants. The clinical notes also indicated that the injured worker had previous epidural steroid injections, but there was no documentation of the amount of pain relief it provided or the duration of pain relief. Also, the request failed to indicate that they would be using fluoroscopy during the injection for contrast guidance. The request also failed to indicate the nerve root levels which would be injected while using the transforaminal blocks. Therefore, due to the lack of documentation indicating radiculopathy corroborated by electro diagnostic testing, evidence that the injured worker was unresponsive to conservative treatment, indication that the use of fluoroscopy would be used during the procedure, absence of the indication of the nerve root levels being used, lack of documentation indicating the efficacy of the first epidural steroid injection, the request is not supported. Thus, the request for 1 lumbar epidural steroid injection is not medically necessary.