

Case Number:	CM14-0157007		
Date Assigned:	09/29/2014	Date of Injury:	07/23/2013
Decision Date:	10/27/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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, has a subspecialty in Family Practice and is licensed to practice in Ohio. 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 45-year-old male the date of injury of July 23, 2013. He developed low back pain and right groin pain while carrying heavy objects. The pain radiates down the lower extremities, more so on the right, with numbness, tingling and subjective weakness. The physical exam has revealed tenderness to palpation in the lumbar spine region and a positive straight leg raise test, most consistently on the right side. Otherwise the lower extremity neurologic exam has been normal. Electrodiagnostic studies of the lower extremities have been normal. An MRI scan the lumbar spine has revealed degenerative disc disease at multiple levels with moderate foraminal stenosis at L4-L5 and L5-S1. The diagnoses include cervical disc disease, lumbar disc disease, lumbar foraminal stenosis, and right inguinal hernia. Before us is a request for a series of 3 epidural steroid injections at 2 lumbar levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Lumbar Epidural Injections L4-5, L5-S1, series of 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): (<http://www.odg-twc.com/odgtwc/Low_Back.htm>).Epidural Steroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural Steroid Injections "Series of Three".

Decision rationale: A series of 3 lumbar epidural steroid injections is not recommended. Original recommendations that suggested a "series of three injections" generally did so prior to the advent of fluoroscopic guidance. These previous recommendations were based primarily on case studies and anecdotal evidence. There does not appear to be any evidence to support the current common practice of a series of injections. Contemporary research studies with higher levels of evidence (including two controlled trials) have suggested that on average, two or less ESIs are required in patients with successful outcomes from the use of ESIs to treat disc related lumbar radiculopathy. While all of these latter studies have utilized repeat injections, there has been no evidence-based research to explain why this practice is required, or the mechanism for possible action. Since the introduction of fluoroscopically guided ESIs, it has been suggested that there is little evidence to repeat an accurately placed epidural injection in the presence of mono-radiculopathy, regardless of whether there is partial or no response. A recent randomized controlled trial of blind ESIs found no evidence to support repeat injections, because at six weeks there was no significant difference found between the ESI group and a placebo controlled group in terms of any measured parameter. In this circumstance, it may be debatable as to whether injured worker actually has radicular pain given the negative electrodiagnostic studies and the relatively normal lower extremity neurologic findings. However, even if the presumption is true that a real radiculopathy does exist here, the request for a series of 3 lumbar epidural steroid injections is considered unnecessary under the current medical guidelines.