

Case Number:	CM14-0165613		
Date Assigned:	10/10/2014	Date of Injury:	05/20/2011
Decision Date:	11/12/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/07/2014

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:

The injured worker is a 51 year old man who was cleaning a fountain when he fell on his back and twisted his right knee on 5/20/2011. Clinical notes from January 2014 through September of 2014, as well as a 2012 lumbar spine magnetic resonance imaging (MRI) report, were reviewed. On Sept 17, 2014 the worker complained of intermittent, stabbing low back pain ranging from 7/10 -8/10 and radiating down both legs, right more than left. He also complains of numbness and tingling, improved with nortriptyline, and improved pain with diclofenac. An exam is notable for decreased sensation in the right lateral calf compared to the left lateral calf; restricted lumbar spine flexion and extension; diffuse lumbar paraspinal tenderness; positive right straight leg raise; and slight strength decrement in right hip flexion and knee flexion and extension. Embedded in the notes are magnetic resonance imaging (MRI) findings from March 2014 which are consistent with the magnetic resonance imaging (MRI) report on Sept 8, 2012 that shows multi-level disc bulges. The injured worker also has neck pain, depression and anxiety. The injured worker has been treated with physical therapy, acupuncture and has obtained partial pain relief with medications and completed a functional restoration program and a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Overturned

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

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

Decision rationale: The purpose of an 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. An additional clinical note is provided with exam findings that were lacking when the previous denial was issued. This worker has complaints of low back pain with radiation to the right leg and radiological evidence of multilevel lumbar bulges. He has been partially responsive to medications. Therefore, the request is medically necessary.