

Case Number:	CM14-0168646		
Date Assigned:	10/16/2014	Date of Injury:	03/23/2012
Decision Date:	11/18/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/13/2014

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 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:

Injured worker is a male with date of injury 3/25/2012. Per pain management progress note dated 8/28/2014, the injured worker is status post second lumbar transforaminal steroid injection on 6/3/2014. He states the epidural steroid injection did not provide lasting relief of pain as compared to the first one. Pain is rated at 5/10 and is described as dull and aching. The pain is aggravated by bending forward, reaching, kneeling, stooping pushing shopping cart and leaning forward and prolonged standing. He stopped NSAIDs due to renal issues and is reporting increased low back pain. He states that the pain in his back is 90% of the pain and the pain in his leg is 10% of the pain. With regard to functional limitations during the past month, he avoids going to work, and doing yard work or shopping because of his pain. On examination he is ambulates without an assistive device with an antalgic gait pattern. Examination of the lumbar spine reveals range of motion to forward flexion is 30 degrees, extension is 20 degrees, and side bending is 20 degrees to the right and 20 degrees to the left. Rotation is limited. Inspection of the lumbar spine reveals no asymmetry or scoliosis. There is normal alignment with normal lumbar lordosis. There is tenderness to palpation over the bilateral lumbar paraspinal muscles. Diagnosis is displacement of lumbar intervertebral disc without myelopathy.

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 ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. The requesting physician explains that the second lumbar steroid injection wore off and he may benefit from a midline approach to L5-S1 epidural space but will consider this option in one month to avoid cumulative steroid effects. The injured worker reported inadequate relief from the second steroid injection. Medical necessity for a third epidural steroid injection has not been established within the recommendations of the MTUS Guidelines. Therefore request for Lumbar epidural steroid injection is not medically necessary. The requesting physician explains that the second lumbar steroid injection wore off and he may benefit from a midline approach to L5-S1 epidural space but will consider this option in one month to avoid cumulative steroid effects. The injured worker reported inadequate relief from the second steroid injection. Medical necessity for a third epidural steroid injection has not been established within the recommendations of the MTUS Guidelines. The request for Lumbar epidural steroid injection is determined to not be medically necessary.