

Case Number:	CM14-0169378		
Date Assigned:	10/17/2014	Date of Injury:	10/17/2006
Decision Date:	11/19/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/14/2014

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 Hawaii and 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:

This case is a 53 year old male with a date of injury on 10/17/2006. A review of the medical records indicate that the patient has been undergoing treatment for chronic pain syndrome, cervical disc disorder, lumbar disc disorder, lumbosacral radiculitis, and headaches. Subjective complaints (10/3/2014) include 6/10 pain to low back that is dull, throbbing, and sharp with occasional radiation to his legs. Objective findings (10/3/2014) include decreased sensation to pin prick along L4, L5, and S1 dermatomal distribution on left side, with positive straight leg test to left side. No imaging or EMG/NCV studies were found. Treatment has included home exercise program with swimming, hydrocodone, and Neurontin. A utilization review dated 9/26/2014 non-certified a request for Left Epidural Steroid Injection L5-S1 due to objective findings not corroborated by imaging studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Epidural Steroid Injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 315, Chronic Pain Treatment Guidelines Epidural steroid injections ESIs, Page(s):

46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

Decision rationale: Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Medical records do indicate radicular pain with specific dermatomal distribution. The records also indicate that the patient is on home exercise programs. MTUS further defines the criteria for epidural steroid injections to 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, 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Radiculopathy does appear to be documented but there are no imaging studies or electrodiagnostic testings to corroborate the physical exam findings. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes indicate that the patient is on home exercise therapy, but do not indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc). As such, the request for Left Epidural Steroid Injection L5-S1 is not medically necessary.