

Case Number:	CM14-0172543		
Date Assigned:	10/23/2014	Date of Injury:	01/11/2009
Decision Date:	11/25/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/18/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 with a reported injury on 01/11/2009. The mechanism of injury was not provided. The injured worker's diagnoses included lumbago, sciatica, lumbar herniated disc, lumbar and thoracic radiculitis, and myofascial pain syndrome. The injured worker's past treatments included lumbar transforaminal and epidural steroid injection and medications. The injured worker's diagnostic studies were not included in the documentation. There were no relevant surgeries included in the documentation. On 09/22/2014, the injured worker complained of ongoing lower back pain that extended to the right and the left knee. It was noted to have probably been sciatic nerve problem. The injured worker reported doing well with his current medication schedule. He reported his pain medications allow him to work and function. He reported his pain a 3/10 on a pain scale with medications. Upon physical examination, the injured worker was noted with pain and tenderness over the midline and paraspinal areas of the lumbar spine. His range of motion was noted to be painful. He was noted with full strength in his hips and lower extremities. The injured worker's current medications included naproxen 500 mg and Norco 7.5/325 mg. The request was for a left lumbar transforaminal epidural steroid injection (level not specified) as an outpatient. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar transforaminal epidural steroid injection (level not specified) as an outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection (ESIs) Page(s): 46.

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

Decision rationale: The request for a left lumbar transforaminal epidural steroid injection (level not specified) as an outpatient is not medically necessary. The California MTUS Guidelines may recommend epidural steroid injections 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. There is little information on the improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function, or the need for surgery, and do not provide long term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The purpose of ESI is to reduce pain and inflammation restoring range of motion, and thereby facilitating progress in more active treatment programs, and avoiding a surgery, but this treatment alone offers no significant long term functional benefit. Criteria for the use of epidural steroid injections includes: radiculopathy must be documented by physical examination and corroborative by imaging studies and/or electrodiagnostic testing; patient initially unresponsive to conservative treatment (to include physical therapy, home exercise, and medications); injections should be performed using fluoroscopy for guidance; 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 medicine use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The patient reported pain in the low back that extended to the left knee; however, upon physical examination there were no neurological deficits. Documentation did not indicate the patient tried and failed conservative therapy (to include physical therapy, home exercise program, and medications), or had a plan for participation in physical therapy or a home exercise program. The documentation did not include an official MRI or electrodiagnostic study of the lumbar spine. In the absence of documentation with sufficient evidence of significant objective neurological deficits upon physical examination, an official MRI or electrodiagnostic study of the lumbar spine, documented evidence of tried and failed conservative therapy, and documented evidence of intent to participate in physical therapy or home exercise program in conjunction with the epidural steroid injection, the request is not supported. Additionally, as the request was written, there was no level for the injection specified. Therefore, the request is not medically necessary.