

Case Number:	CM14-0023925		
Date Assigned:	06/11/2014	Date of Injury:	12/04/2012
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/25/2014

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 49 year old male with a date of injury on 12/4/2012. Diagnoses include herniated disc, lumbago, sciatica, lumbar radiculitis, and neuritis. Subjective complaints are of numbness in the right leg and back pain 8-9/10. Physical examination showed tenderness in right paraspinal muscles and sacroiliac joint, with a positive right straight leg raise test. There was decreased sensation in the L3-L5 dermatomes, and 4/5 strength on the right. Previously, the patient had received a lumbar epidural injection at the right L5-S1 region on 1/27/14. The right leg numbness was gone for 4-5 days, and then returned. Other treatments have included physical therapy, acupuncture, medication, and chiropractic visits. Electrodiagnostic studies from 8/22/13 show bilateral chronic active L5-S1 radiculopathy. Lumbar MRI from 8/23/13 shows annular tear at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT THE L5-S1: Upheld

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

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

Decision rationale: CA MTUS notes that the purpose of 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. Furthermore the American Academy of Neurology concluded that epidural steroid injections may lead to 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. For therapeutic injections, repeat blocks should be based on continued objective pain relief and functional improvement, including at least 50% improvement for 6 to 8 weeks. This patient had a previous injection that did not demonstrate any lasting pain relief or functional improvement. Since documentation did not show evidence of improvement with prior recent injection, the medical necessity of a repeat ESI has not been established at this time. The request is not medically necessary.