

Case Number:	CM14-0025686		
Date Assigned:	06/27/2014	Date of Injury:	08/11/2001
Decision Date:	07/31/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine and Rehabilitation, 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 female who reported an injury on 08/11/2001, with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 01/10/2014, the injured worker was seen for follow-up of chronic lumbar back pain. It was noted that the pains to the lower back of which radiated down to her legs had been particularly bad over the last several weeks. It was noted that walking up hill and on uneven surfaces significantly irritated her symptoms. Prior treatments included chiropractic treatment, acupuncture, epidural steroid injections, physical therapy, and medications. The injured worker's prescribed medication regimen Vicoprofen. Past surgical interventions included L4-5 microdiscectomy dated 2002. An unofficial lumbar spine MRI dated 08/2013, revealed postoperative changes at L4-5 level with significant disc space height loss and degenerative disc disease. The physical examination of the lumbosacral spine revealed no tenderness to palpation or pain. It was noted that there was normal sensation. The physical examination of the lower extremity revealed negative straight leg raise, clonus, and foot drop. The diagnosis included chronic radicular low back pain. The treatment plan included a Medrol Pak 4 mg and a request for an L4-5 epidural steroid injection. The treatment plan also included the continuation of the current medication of Vicoprofen. It was also encouraged for the injured worker to use other means of conservative medical management to include rest, ice/heat, and walking as much as possible. The request for L4-5 ESI was submitted on 01/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STERIOD INJECTION L4-5: Upheld

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 request for lumbar epidural steroid injection L4-5 is not medically necessary. The California MTUS Guidelines state that epidural steroid injections (ESI) are recommended as an option for treatment of radicular 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 surgery, but this treatment alone offers no significant long-term functional benefit. The criteria for the use of ESIs include: radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants); injections should be performed using fluoroscopy (live x-ray) for guidance; no more than 2 nerve root levels should be injected using transforaminal blocks and no more than 1 interlaminar level should be injected at 1 session. 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 6 to 8 weeks, with the general recommendation of no more than 4 blocks per region per year. In the clinical notes provided for review, it is annotated that the injured worker had a negative straight leg raise bilaterally and there were no neurological or functional deficits. There is also not enough documentation of the injured worker's pain level status with or without the use of pain medications. Furthermore, the request does not have any indication of using fluoroscopy for guidance. Therefore, the request for lumbar epidural steroid injection L4-5 is not medically necessary.