

Case Number:	CM14-0026152		
Date Assigned:	06/13/2014	Date of Injury:	12/21/2006
Decision Date:	08/12/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/28/2014

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 California and Washington. 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 who reported an injury on December 21, 2006. The mechanism of injury was noted to be lifting while cooking. The injured worker's prior treatments were noted to be physical therapy, a back brace, medial branch block, and medications. Her diagnoses were noted to be low back pain and sprain in lumbar region. A clinical evaluation on January 10, 2014 documented the injured worker with complaints of back pain radiating from the low back down both legs. With medication, pain level was a 5/10 to 6/10, and without medication pain level was a 7/10 to 8/10. The injured worker did not report any change in location of pain, and no new problems or side effects. Her activity level had remained the same and she continued to work. The objective findings included no scoliosis, asymmetry, or abnormal curvature of the lumbar spine. Range of motion was restricted with flexion limited to 30 degrees, extension limited to 10 degrees with pain, right lateral bending limited to 10 degrees with pain, and left lateral bending limited to 10 degrees with pain. The lumbar facet loading was positive on the left side. Straight leg raise was positive on the left side in the supine position. Tenderness was noted over the posterior iliac spine on the left side. Motor strength was noted to be 5/5. The injured worker moved all extremities well. The sensory examination noted light touch sensation was decreased over the anterior thigh on the left side. The treatment plan included medication for pain and a request for a lumbar ESI for low back pain and radicular symptoms in the L5-S1 dermatomal pattern. The provider's rationale for the request was provided within the documentation. A Request for Authorization for Medical Treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL INJECTIONS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, ESI.

Decision rationale: The request for lumbar epidural steroid injection bilaterally L5-S1 is non-certified. The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state invasive techniques (local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. The Official Disability Guidelines recommend epidural steroid injections as a possible option for short term treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. The purpose of an epidural steroid injection is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction in medication use, and avoiding surgery, but this treatment offers no significant long term functional benefit. The criteria for use of epidural steroid injections include documented radiculopathy due to herniated nucleus pulposus, not spinal stenosis. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. The documentation must provide failed conservative treatment, including exercise, physical methods, NSAIDs, and muscle relaxants. The injections should be performed using fluoroscopy and injection of contrast for guidance. The clinical evaluation does not indicate decreased strength, failed conservative treatment, and radiculopathy indicated by an MRI. The request does not include use of fluoroscopy for guidance. Therefore, the request for bilateral lumbar epidural steroid injection at L5-S1 is not medically necessary or appropriate.