

Case Number:	CM14-0032022		
Date Assigned:	06/20/2014	Date of Injury:	10/01/2011
Decision Date:	08/19/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/13/2014

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 & 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 40-year-old male who reported an injury on 10/01/2011. The mechanism of injury was not provided for review. Medications were the injured worker's prior treatment. His diagnoses were noted to be left shoulder pain, neck pain, chronic left-sided low back pain, and left hip pain. An evaluation dated 01/16/2014 noted the injured worker with complaints of low back pain, left shoulder, and neck pain. He noted that the pain radiated down the back of both legs and the left leg was worse than the right. He indicated pain at a 9/10. With medication, he stated pain was a 6/10. He complained of numbness and tingling in his legs. His current medications were noted to be tramadol, Relafen, Effexor, and BuSpar. The objective findings included the injured worker unable to walk on his heels or toes. Reflexes of the patella were 2+ with no Achilles reflex. Strength was significantly decreased in both lower extremities to about 3.5/5. He had positive straight leg raising bilaterally, more so on the left. The treatment plan included beginning gabapentin, tramadol was dispensed as well as Relafen and Effexor; a recommendation for a transforaminal epidural steroid injection, and a followup appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 Transforaminal Epidural Steroid Injection QTY: 2.00: Upheld

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

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, Epidural steroid injections (ESIs).

Decision rationale: The California MTUS/American College of Occupational and Environmental Medicine 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 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 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 of medication use, and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for an epidural steroid injection, according to the guidelines, is (1) radiculopathy must be documented; objective findings on examination need to be present; (2) initially unresponsive to conservative treatment of exercises, physical methods, NSAIDs, and muscle relaxants; (3) injections should be performed using fluoroscopy and injection of contrast for guidance. The guidelines continue to recommend no more than 2 nerve root levels should be injected using transforaminal blocks. According to the Primary Treating Physician's Progress Report, the injured worker does not have a diagnosis of radiculopathy. It is not noted that the injured worker has been unresponsive to conservative treatment of exercises, physical methods, NSAIDs, and muscle relaxants. The provider's request fails to indicate use of fluoroscopy for guidance. Therefore, the request for bilateral S1 transforaminal epidural steroid injection, quantity 2, is not medically necessary.