

Case Number:	CM14-0034931		
Date Assigned:	06/25/2014	Date of Injury:	06/30/2009
Decision Date:	08/05/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/20/2014

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 64-year-old male with a reported date of injury on 06/30/2009. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include left leg joint pain, ankle/foot arthralgia, sesamoiditis, knee medial meniscus tear, and knee chondromalacia patella. His previous treatments were noted to include home heat/ice as needed, topical analgesics, stretch and strength home exercise program, aquatic therapy, pain medications, 3 lumbar epidural steroid injections, and pain management. The progress note dated 02/10/2014 revealed low back pain consistent with lumbar disc herniation with 3 mm to 4 mm foraminal disc bulge and moderate right and left neural foraminal narrowing at L4-5, with ligament flavum and facet hypertrophy at L4-5 and L5-S1, with previously documented greater than 50% reduction of pain following epidural steroid injection for 6 weeks on 03/27/2013. The progress note dated 02/05/2014 revealed complaints of pain to the bilateral knees. The physical examination of the lumbar spine revealed flexion was to 80 degrees, extension to 20 degrees with pain, bending was to 10 degrees bilaterally with bilateral pain, and rotation was to 20 degrees bilaterally with pain. There was tenderness noted at the L5-S1 on palpation with moderate spasm. The Request for Authorization Form dated 02/05/2014 is for an L4-5 epidural steroid injection; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (DSI) at L4-5: Upheld

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

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

Decision rationale: The request for Lumbar Epidural Steroid Injection (DSI) at L4-5 is not medically necessary. The injured worker has had a previous epidural steroid injection with 50% pain relief that lasted for 6 weeks to 8 weeks. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Current recommendations suggest a second epidural steroid injection if partial success is produced with the first injection and a third epidural steroid injection is rarely recommended. Epidural steroid injection can offer short term pain relief and should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. A study recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 weeks to 6 weeks following an injection, but they do not affect the impairment of function or need for surgery and do not provide long term pain relief beyond 3 months, and there is insufficient evidence to make any recommendations for the use of epidural steroid injections to treat radicular cervical pain. The guideline criteria for the use of the epidural injections is radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines state the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injections should be performed using fluoroscopy 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 weeks to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. There is a lack of documentation regarding radiculopathy by physical examination and increased functional improvement with a reduction of pain medication which would warrant a lumbar epidural injection. Therefore, the request is not medically necessary.