

Case Number:	CM14-0041442		
Date Assigned:	06/27/2014	Date of Injury:	09/20/2012
Decision Date:	08/14/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/07/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 62 year-old with a date of injury of 09/20/12. A progress report associated with the request for services, dated 02/19/14, identified subjective complaints of low back, bilateral hip, shoulder, and upper extremity pain. Objective findings included tenderness to palpation of the affected body parts. Decreased range-of-motion of the lumbar spine was also noted. Diagnoses included cervical and lumbar spine sprain and strain. Motor and sensory functions were not described. Treatment has included previous epidural steroid injections. Pain was reported to decrease to 3/10. The dates of previous injections were not specified. A Utilization Review determination was rendered on 03/11/14 recommending non-certification of Lumbar Epidural Steroid Injection L1-L2 and L2-L3.

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 L1-L2 and L2-L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Guidelines note that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one session. The Official Disability Guidelines (ODG) states that an epidural steroid injection offers no significant long-term benefit. Criteria include objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. They should be done using fluoroscopy. During the diagnostic phase, a maximum of one to two injections and the second block is not indicated without 30% or more improvement from the first. No more than two nerve roots should be injected using transforaminal blocks and no more than one interlaminar level during one session. If there is a documented response to the therapeutic blocks (50-70% pain relief for at least 6-8 weeks), then up to 4 blocks per region per year may be used. Current research does not support series-of-three injections. The claimant does not appear to have objective findings of a radiculopathy supported by imaging. Therefore, the request of Lumbar Epidural Steroid Injection at L1-L2 and L2-L3 is not medically necessary and appropriate.