

Case Number:	CM14-0042592		
Date Assigned:	07/02/2014	Date of Injury:	08/22/2011
Decision Date:	08/14/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/09/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 29-year-old female who reported an injury on 08/22/2011. The mechanism of injury was noted to be lifting a 40 pound box. Her prior treatments were noted to be physical therapy, medications, and epidural steroid injections. The injured worker's diagnoses were noted to be lumbar spine sprain/strain, lumbosacral radiculitis on the right side, gastropathy secondary to medication use, and a 3.8 mm L5-S1 herniated disc with right S1 radiculopathy. The clinical evaluation on 02/24/2014 noted the injured worker presented for a followup after undergoing an L5-S1 epidural steroid injection on 01/30/2014. The injured worker reported approximately 60% improvement in pain from the first injection. The injured worker now has pain that returned and she states it's almost as bad as it used to be. She indicated the pain is currently 80-90% of the original pain level. The objective findings indicated the injured worker with a positive straight leg raise test on the right at 45 degrees. There was negative straight leg raise on the left. The injured worker had 5/5 strength in the left lower extremity with hip flexion, quad, iliotibial band, extensor hallucis longus muscle, and gastrosoleus. The physical examination of the right lower extremity revealed 5/5 strength with hip flexion, quad, ileus anterior, extensor hallucis longus muscle, and 4+/5 in right gastroc. Her reflexes were 2+ in the bilateral knee and Achilles. The discussion included the injured worker with significant improvement of over 60% with the first injection; however, the relief is wearing off and she is currently experiencing pain again. The treatment plan includes another epidural steroid injection on the right side at L5-S1. The provider's rationale for the requested epidural steroid injection was provided within the documentation dated 02/24/2014. A Request for Authorization for medical treatment was provided and dated 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) 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, ESI (epidural steroid injection).

Decision rationale: The California MTUS/American College of Occupational and Environmental Medicine states invasive techniques are of questionable merit. Although epidural steroid injections may afford short term improvement, it offers no significant long term functional benefit, nor does it reduce the need for surgery. The Official Disability Guidelines provide criteria for the use of epidural steroid injections. If after the initial block/blocks are given and found to produce pain relief of at least 50% to 70% pain relief for at least 6 to 8 weeks, additional blocks may be supported. This is generally referred to as the therapeutic phase. Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. It is noted in the clinical evaluation on 02/24/2014 that the epidural steroid injection performed on 01/30/2014 provided 60% pain relief for 3 weeks. According to the guidelines, effective pain relief is from 50-70% for 6-8 weeks. A repeat epidural steroid injection is not warranted at this time due to ineffective pain relief and the request is too soon for an additional ESI. Therefore, the request for right L5-S1 epidural steroid injection is non-certified.