

Case Number:	CM14-0043670		
Date Assigned:	06/20/2014	Date of Injury:	12/27/2000
Decision Date:	07/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/17/2014

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 Illinois. 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 who reported an injury on 12/27/2000 of unknown mechanism of injury. The injured worker's history includes bilateral legs, neck, shoulders, buttocks, thoracic spine, hips, knees and lower back pain that range from 2/10 with medication and 9/10 without mediation. The diagnosis includes lumbar back pain with radiculopathy, degenerative disc disease to lumbar spine and shoulder pain bilaterally. The physical exam revealed neurologic findings normal, positive for muscle pain, stiffness, decreased range of motion with no degrees noted and back pain. The medications include Norco 10/325mg two times daily as needed, Kadian XR 30mg one twice daily for chronic pain, Xanax 1 three times daily no dosage given, Cymbalta 60mg one daily and aspirin 81 mg one daily. The injured worker received two epidural steroid injections on 05/29/2013 and 11/06/2013 with good results. The authorization form dated 06/20/2014 was submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar epidural steroid injection: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The request for one lumbar epidural steroid injection is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend as an option for treatment of radicular pain most current guidelines recommend no more than 2 epidural steroid injections. This is in contradiction to previous generally cited recommendations for a "series of three" epidural steroid injection. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful epidural steroid injection outcome. Current recommendations suggest a second epidural 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 use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The documentation provided indicated that injured worker had received two epidural steroid injections. The documentation was not evident that physical therapy or a home exercise program had been utilized. The injured worker's pain level with medication was 2/10 that was documented on 11/02/2013 and again on 03/10/2014 showing no change in condition. The request did not address the location for the epidural steroid injection. As such the request for 1 lumbar epidural steroid injection is not medically necessary.