

Case Number:	CM14-0053387		
Date Assigned:	07/07/2014	Date of Injury:	06/19/2008
Decision Date:	10/06/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/22/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 41 year old employee with date of injury of 6/19/2008. Medical records indicate the patient is undergoing treatment for depression; lumbar radiculitis and gastritis. She has DJD, varying disc desiccation and an asymmetric extension of L3-3 disc into the neuroforamina on the right. She also has displacement of lumbar intervertebral disc without myelopathy and enthesopathy of the hip. Subjective complaints include depression, disturbed sleep, and constant back pain with weakness and tingling in both legs. She describes her pain as sharp, dull, aching, cramping, shooting and electric with muscle pain, pins and needles and cold abnormal swelling. Pain is aggravated by bending, prolonged sitting and walking long distances. She states her symptoms have been the same since the injury. Objective findings include normal gait and balance, full range of motion of all joints, muscle strength, bulk and tone normal but she is weak with the Jamar dynamometer measuring 25/30/25 lbs. on the right and 25/35/30 on the left. She has diminished sensation in the bilateral L5 and S1 dermatomes. She has tenderness to palpation over the bilateral paraspinal muscles up the entire spine and has sciatic notch tenderness. She has positive lumbar facet loading maneuver bilaterally. In the seated and supine position she has a positive straight leg test on the right. She has sacroiliac joint tenderness on the right. Her mental status is grossly depressed. Her physical exam proved no distress. Treatment has consisted of pool therapy which provided no relief, she attended 9/12 exercise sessions with moderate relief; TENS unit with very short term pain relief; 25 chiropractic sessions with moderate relief and two sessions of acupuncture with moderate relief. On 4/29/2013 she had a steroid injection into the left greater trochanter with improvement. Medications include Tramadol and Flexeril. The utilization review determination was rendered on 3/31/2014 recommending non-certification of Lumbar epidural steroid injection L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), Therapeutic

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . 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." MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The treating physician physical exam findings do detail radiculopathy that is consistent with MRI findings. The exam notes note severe pain, while on a muscle relaxant. In addition, a recent MRI did detail a disc bulge at L5-S1. As such, the request for Lumbar epidural steroid injection L5-S1 is medically necessary.