

Case Number:	CM14-0062292		
Date Assigned:	07/11/2014	Date of Injury:	05/08/2012
Decision Date:	09/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/05/2014

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 Occupational Medicine, and is licensed to practice in California. 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 patient is a 56-year-old female who has submitted a claim for lumbosacral neuritis not otherwise specified (NOS), rotator cuff syndrome, sprain sacroiliac NOS, and medial meniscus tear associated with an industrial injury date of 05/08/2012. Medical records from 07/22/2013 to 06/17/2014 were reviewed and showed that the patient complained of persistent low back pain and left leg pain, both graded 2/10 and aggravated by sitting and bending. Physical examination revealed tenderness over the left sciatic notch and left paralumbar muscles. Lumbar range of motion (ROM) was decreased. Deep tendon reflexes were normal throughout, graded as 0-1+. Sensation to light touch was decreased over the left L4 dermatomal distribution otherwise normal. Straight leg raise test was positive in the left lower extremity at 60 degrees in the sitting position. MRI of the lumbar spine dated 07/22/2013 revealed degenerative changes and a disc bulge with moderate neural foraminal narrowing at L4-5. Treatment to date has included 2 left L5 foraminal epidural steroid injections under fluoroscopic guidance (01/24/2014 and 05/22/2014). Utilization review dated 04/18/2014 denied the request for an outpatient repeat lumbar epidural steroid injection (ESI) on the right, at the L5 level under fluoroscopic guidance because the case did not meet the requisite criteria for an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient repeat lumbar epidural steroid injection (ESI) on the right at the L5 level under fluoroscopic guidance: 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 Injections Page(s): 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injections can offer short-term pain relief, and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: 1) Radiculopathy, 2) Initially unresponsive to conservative treatment, 3) Injections should be performed using fluoroscopy (live x-ray) for guidance, 4) 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, and 5) Current research recommends no more than 2 ESI injections. In this case, there was no documentation of prior conservative management. Moreover, the patient received prior left L5 ESIs on 01/24/2014 and 10/08/2013 resulting in temporary relief of symptoms. However, there was no documentation concerning percentage and duration of pain relief to meet the criteria for a repeat nerve block. As such, the request is not medically necessary.