

Case Number:	CM14-0078505		
Date Assigned:	07/18/2014	Date of Injury:	03/25/2014
Decision Date:	08/15/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/28/2014

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, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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 52 year old female with date of injury of 3/25/14. The mechanism of injury is a twisting movement while lifting heavy stacks of paper. The patient has complained of lower back pain with radiation to the lower extremities since the date of injury. She has been treated with medications. MRI of the lumbar spine performed in April 2014 revealed disc protrusion at L4-5 and compression of the L5 nerve roots. There is decreased and painful range of motion of the lumbar spine, positive straight leg raise on the left, and decreased sensation to light touch of the left calf. The diagnoses are lumbar disc herniation with radiculopathy, and lumbar muscle strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, Left L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria

are met: 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; and 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. The available medical records do not include documentation that criteria (2) has been met. Specifically, at the time of request, there is no documentation that a physical therapy program has been tried and failed. On the basis of the MTUS guideline cited above, lumbar epidural corticosteroid injection is not indicated as medically necessary.