

Case Number:	CM14-0078749		
Date Assigned:	07/18/2014	Date of Injury:	12/15/2012
Decision Date:	08/25/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 24 year old female presenting with chronic low back pain following a work related injury on 12/15/2012. The claimant has been treated for chronic lumbar backache, bilateral lower extremity radiculopathy, and neuropathic pain with recurrent myofascial strain that has been treated by physical therapy, medications and activity adjustments. On 4/4/2014 a physical exam showed trace but symmetrical deep tendon reflexes in the lower extremities, lumbar range of movements are restricted and painful, indicative of mechanical axial pain and myofascial strain. A claim was made for epidural steroid injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection-Lumbar Injection L4-5, Low Back: 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 Epidural Steroid Injection Page(s): 47.

Decision rationale: The California Medical Treatment Utilization Schedule page 47 states the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding

surgery, but this treatment alone is not a significant long-term functional benefit. A Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the epidural steroid injection (ESI) is for diagnostic purposes, a maximum of 2 injections should be performed, and no more than 2 nerve root levels should be injected using transforaminal blocks. There should also be no more than 1 inter-laminar level injected at one session, the therapeutic phase repeat blocks should be based on continued objective and documented with pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. The current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The claimant's physical exam and electrodiagnostic studies do not corroborate a radiculopathy that would be amenable to an L4-5 epidural steroid injection; therefore the requested service is not medically necessary.