

Case Number:	CM14-0079495		
Date Assigned:	07/18/2014	Date of Injury:	07/17/2008
Decision Date:	09/19/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/30/2014

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 48-year-old male who reported an injury of unknown mechanism on 07/17/2008. On 05/05/2014, his diagnoses included chronic low back pain, lumbar disc herniations with sciatica. On 12/17/2013, it was noted that he had been getting left L4-5 lumbar epidural steroid injections about every 6 months and that they had been effective in the past but the injection in 02/2013 did not help. There was a request for another lumbar epidural steroid injection. On 02/28/2014, it was noted that he had gotten a lumbar epidural steroid injection 01/17/2014 and had gone back to work on 01/25. At a visit on 02/05/2014, his pain level was at 3/10 which was his baseline. 4 days prior to the 2/28/2014 visit, his pain had become severe again with no precipitating trauma and he rated his pain at that time at 6/10. The treatment plan included a request for physical therapy twice weekly for 2 weeks. On 05/05/2014, it was noted that he had no new trauma, but 2 days prior to the visit he awoke with severe pain and had not been able to return to work. He rated his pain an 8/10 to 9/10 with continued sciatica. The treatment plan was for another lumbar epidural steroid injection. A Request for Authorization dated 05/16/2014 was included in his chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: The request for lumbar epidural steroid injection L4-5 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. The recommendation is for no more than 2 epidural steroid injections. The current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. They can offer short term pain relief and use should be in conjunction with other rehab efforts, including a home exercise program. There is little information on improved function. Epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks, but they do not affect impairments of function or the need for surgery and they do not provide long term pain relief beyond 3 months. Among the criteria for the use of epidural steroid injections are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the condition must be initially unresponsive to conservative treatment including exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants. Also, the injection should be performed under fluoroscopy for guidance. There are no imaging or electrodiagnostic studies included in the submitted documentation revealing that this injured worker had lumbar radiculopathy. Additionally, although physical therapy was in his treatment plan, there was no documentation that he ever completed the physical therapy that was ordered, or what the results were from the requested physical therapy. Additionally, there was no documentation of failed trials of NSAIDs, muscle relaxants, acupuncture or chiropractic treatments. Furthermore, the request did not specify which side of the spine the proposed injections were to be given nor that they would be performed under fluoroscopic guidance. Therefore, this request for lumbar epidural steroid injection L4-5 is not medically necessary.