

Case Number:	CM14-0079526		
Date Assigned:	07/18/2014	Date of Injury:	03/14/2013
Decision Date:	09/19/2014	UR Denial Date:	05/20/2014
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 34-year-old male who reported an injury resulting from a mis-step and a backwards fall on 03/14/2013. On 02/21/2014, his diagnoses included sprain of the right hip, right ankle and low back. On 02/18/2014, he received a transforaminal steroid epidural injection at the lumbar right L4 and L5. His diagnoses noted on the operative report were postlaminectomy syndrome, lumbar radiculopathy and mononeuritis of the lower extremity. On 03/25/2014, he received a second transforaminal steroid epidural injection at the right L4 and L5 levels. His preoperative diagnosis on that date was lumbar radiculopathy. The progress note of 04/11/2014 stated that he had continued improvement with his low back pain due to the epidural steroid injection. He had obtained greater than 60% improvement for longer than 6 weeks. The treatment plan included a re-evaluation for a third ESI. There was no rationale or Request for Authorization for the second ESI included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 2nd ESI 3/25/14: 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 (ESIs) Page(s): 46.

Decision rationale: The request for retrospective second ESI 03/25/2014 is not medically necessary. The California MTUS Guidelines recommend no more than 2 epidural steroid injections as an option for treatment of radicular pain. They can offer short term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing a home exercise program. There is little information on improved function. Epidural steroid injections may lead to an improvement in radicular lumbosacral pain for between 2 and 6 weeks, but they do not effect impairments of function or the need for surgery and 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, NSAIDs and muscle relaxants. Also, the injections should be performed using fluoroscopy for guidance. There was no submitted documentation of a diagnosis of radiculopathy by imaging studies and/or electrodiagnostic testing. There was no documentation submitted of failed conservative treatment including exercises, physical methods, trials of NSAIDS and muscle relaxants. The request did not specify the level(s) at which this injection was to have been given nor that it should have been performed under fluoroscopic guidance. Therefore, this request for retrospective second ESI 03/25/2014 is not medically necessary.