

Case Number:	CM14-0086719		
Date Assigned:	07/23/2014	Date of Injury:	09/12/2012
Decision Date:	08/27/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/11/2014

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 40 year old male with date of injury 9/12/2012. The mechanism of injury is stated as receiving a blow to the head with a heavy object and then hurting his back. The patient has complained of lower back pain with radiation of pain to the bilateral lower extremities since the date of injury. He has been treated with physical therapy, medications and a prior facet joint injection. MRI of the lumbar spine performed in 01/2014 revealed disc disease at L5-S1 with disc encroachment of the S1 and L5 nerve roots. Objective: decreased and painful range of motion of the lumbar spine and tenderness to palpation of the lumbar spine paraspinous musculature bilaterally. The treatment plan and request is for a lumbar spine epidural corticosteroid injection L5-S1 interlaminar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Epidural Steroid Injection (ESI) L5 and S1 Interlaminar: Upheld

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

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

Decision rationale: This 40 year old male has complained of lower back pain with bilateral lower extremity pain since date of injury 9/12/2012. He has been treated with physical therapy, medications and a prior facet joint injection. Per the MTUS guidelines, epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific criteria are met. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, the patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), and injections should be performed using fluoroscopy (live x-ray) for guidance, 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. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. 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. Current research does not support series-of-three injections in either the diagnostic or therapeutic phase. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) We recommend no more than two epidural steroid injections. The available medical records do not include documentation that guideline criteria have been met. Specifically, the available provider notes do not document evidence of radiculopathy by physical examination. On the basis of the MTUS guidelines, a lumbar spine epidural corticosteroid injection at L5-S1 interlaminar is not indicated as medically necessary.