

Case Number:	CM14-0098183		
Date Assigned:	09/16/2014	Date of Injury:	01/14/2010
Decision Date:	12/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family Medicine and is licensed to practice in New Jersey. 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:

This 42 year old male sustained a work related injury on 01/14/2010. According to a new patient evaluation on 10/10/ 2012, the mechanism of injury occurred when the injured worker had picked a bag out of his car and felt pain in his back. Later that day he tripped over a child at a school that he was lecturing, developing further increase in pain. He was diagnosed with lumbosacral radiculitis. According to the report, prior treatments included two courses of epidurals which give him months of relief, acupuncture, acupressure, physical therapy, anti-inflammatories, muscle relaxants and pain medication. Reports submitted for review included operative reports dated 02/28/2013 and 04/04/2013, for right suprapedicular L4-5 and L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance and on 12/20/2012 for a bilateral L4-5 suprapedicular transforaminal epidural steroid injection under fluoroscopic guidance. A repeat epidural injection was performed on 4/4/14 on the right L4-5 and L5-S1 levels which a 4 week follow-up report from the worker stating that he felt 20-30% improvement, and that his pain level was a "2" following the injections. According to a follow-up consultation on 05/14/2014, the injured worker complained of persistent low back pain and new complaints of radiating pain into the scrotum. Pain radiated across the low back and gluteal buttocks area. The physician noted that the injured worker had received 80 percent relief for at least six weeks from a previous epidural injection. On 06/12/2014 a request was made for a repeat epidural injection. According to the physician, the injured worker was experiencing pain bilaterally and therefore the request was for a bilateral epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI at Bilateral L4-5 and L5-S1 x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 309, Chronic Pain Treatment Guidelines Epidural Steroid Injection. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG), Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy 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, and instead only up to 2 injections are recommended. In the case of this worker, there seemed to have been evidence of lumbar radiculopathy and prior epidural injections were used. However, a documented record of his most recent epidural injection from 4/2014, suggested his response was 20-30% improvement at the 4 week follow-up period, which is not sufficient to warrant future epidurals at those levels. There was no report on any functional changes as a result of these injections. Although follow-up response from the provider suggested that this recorded note documenting this small response to the injections was not correct, no explanation was provided stating why this was recorded in the worker's chart if his response was greater than recorded. The worker reported lumbar pain afterwards (5/14), however, no request for conservative care for his left-sided pain was suggested before considering injections. The request was for four injections rather than the recommended one to two at one time. Also, there were plans to have lumbar surgery soon after the request. Therefore, based on guidelines and a review of the evidence the request for bilateral multilevel injections is not medically necessary.