

Case Number:	CM13-0070424		
Date Assigned:	04/02/2015	Date of Injury:	05/30/2013
Decision Date:	05/01/2015	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/24/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 57 year old male, who sustained an industrial injury on 5/30/2013. He reported low back pain due to heavy lifting. Diagnoses have included lumbar spine disc herniation. Treatment to date has included physical therapy, chiropractic treatment and acupuncture. According to the progress report dated 10/15/2013, the injured worker complained of low back pain with right lower extremity pain, tingling down the posterior right thigh to the midcalf as well as left buttock pain. He also had intermittent tingling in the right heel with a feeling of numbness in the inner thigh down to the toes. Physical exam revealed tenderness to palpation to the lower lumbar spine. Straight leg raise was negative, although on the right it did seem to increase his low back pain. The treatment plan was for a translaminar L4-5 epidural injection for therapeutic and diagnostic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Translaminar Epidural Steroid Injection with Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) 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, although the previous MRI showed possible nerve impingement from an L4-5 central disk protrusion and lateral recess narrowing, the recent physical findings do not correlate (straight leg raise negative, normal sensation, etc.). Therefore, there is not enough objective evidence to support a lumbar epidural injection and it will be considered medically unnecessary at this time, based on the documentation provided for review. Therefore, the requested treatment is not medically necessary.