

Case Number:	CM14-0135330		
Date Assigned:	08/29/2014	Date of Injury:	01/17/2003
Decision Date:	04/22/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/22/2014

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. 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 46 year old male, who sustained an industrial injury on 01/17/2003. He has reported subsequent low back and lower extremity pain and was diagnosed with status post revision of lumbar fusion and left lower extremity radiculopathy. Treatment to date has included oral pain medication, TENS unit and a lumbar epidural steroid injection. In a progress note dated 07/29/2014, the injured worker complained of continued low back pain with 50% improvement since an epidural steroid injection. Objective findings were notable for significant tenderness in the lumbar paraspinal musculature with taut muscle bands, positive straight leg raise and decreased sensation in the L4 and L5 nerve root distribution. The physician noted that a second lumbar epidural steroid injection would be requested for lumbar pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Repeat Lumbar Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS). Decision based on Non-MTUS Citation Official Disability Guidelines - 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 were successful epidural injections of the L4-5 and L5-S1 (left side) on 6/4/14, providing a reported greater than 50% improvement in radicular pain, which led to increased exercise activities. The new request for a repeat lumbar epidural injection would be considered reasonable, however, the request did not specify which location the epidural injection would be for, which is required. Therefore, the request is not medically necessary.