

Case Number:	CM14-0136728		
Date Assigned:	09/03/2014	Date of Injury:	05/08/2012
Decision Date:	02/24/2015	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/25/2014

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old female continues to complain of persistent sharp low back and left leg pain stemming from a work related injury reported on 5/8/2012. Diagnoses include: symptomatic lumbar radiculopathy; lumbosacral strain/neuritis; lumbar (L) 4-L5 disc bulge; and left radiculitis. Treatments have included: consultations; diagnostic imaging studies; epidural steroid injections (ESI) on 1/21/2014 and 5/22/2014; and medication management. The injured worker (IW) is noted to be temporarily partially disabled and off work. Physical Medicine & Rehabilitation Progress Report, dated 6/4/2014, notes a 50% benefit from the latest ESI, with a decrease in neural tension, and a decrease in pain down to a 2/10 noted mostly in the low back and manageable at rest. Progress notes, dated 6/10/2014, note no significant changes in pain, denied associated symptoms, and stated the pain was relieved with rest and activity. The treatment plan was for MRI of the lumbar spine. Progress notes, dated 7/29/2014, noted no change in low back pain from last visit, and persistent left buttock and back pain for which a left L4 transforaminal injection was requested before consideration to be given for a lateral discectomy, versus permanent and stationary (P&S) with permanent restrictions. On 8/7/2014 Utilization Review non-certified, for medical necessity, a request for outpatient left epidural steroid injection (ESI) at lumbar (L) 4 stating that this IW had received 2 prior ESI for which no documentation of effectiveness from the 5/22/14 injection had been documented. Cited were the most recent MTUS guidelines for ESI that recommends no more than 2 epidural steroid injections. Treating physician progress notes, dated 9/30/2014, note persistent low back pain with no significant changes, and taking Ibuprofen for the pain. The treatment plan included the IW now at P&S with permanent 10 pound lifting limit and an 8% whole person impairment rating per the AMA guides. Subsequent documentation, to the second ESI of 5/22/2014, is noted to show documented objective and subjective findings to support functional improvement and decreased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing 2) Initially unresponsive to conservative treatment 3) Injections should be performed using fluoroscopy for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block 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 8) No more than 2 ESI injections. The medical reports indicate that the injured worker did have benefit from previous epidural steroid injection, but the degree of response is not reported to include functional improvement with at least 50% pain relief with associated reduction of medication use for six to eight weeks. Progress report dated 6/4/2014 indicates that the provider had concerns of another epidural steroid injection due to the presence of weakness.