

Case Number:	CM14-0190924		
Date Assigned:	11/24/2014	Date of Injury:	06/17/2014
Decision Date:	01/09/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 34-year-old male presenting with a work-related injury on June 16, 2014. The patient was treated for multilevel lumbar disc herniation and lumbar radiculopathy. MRI of the lumbar spine on September 4, 2014 revealed disc desiccation broad-based disc protrusion defacing on the thecal sac with encroachment on the right L5 traversing nerve root at L4-5; at L5-S1 there disc desiccation broad-based protrusion encroachment upon the thecal sac; and L3-L4 there is disk desiccation in a broad-based disc bulge. On September 26, 2014 the patient continued to complain of low back pain. The patient has tried acupuncture therapy and physical therapy. The physical exam was significant for straight leg raise positive 45 and that her sign positive on the right. The patient was diagnosed with multilevel lumbar disc herniation and lumbar radiculopathy. The provider recommended epidural steroid injection as he failed conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L4-L5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: Lumbar Epidural Steroid Injection at L4-L5, L5-S1 is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam and MRI is consistent with lumbar radiculitis; however there is lack of documentation of at least 4-6 weeks of failed conservative therapy including with physical therapy and medications including anti-inflammatory medications.; therefore, the requested services is not medically necessary.