

Case Number:	CM14-0195294		
Date Assigned:	12/03/2014	Date of Injury:	03/06/2014
Decision Date:	01/20/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 45 year old male with an injury date on 3/6/14. The patient complains of low lumbar pain with left knee/left lower extremity pain to the plantar left foot with numbness and paresthasias with pain rated 8-10/10, per 9/25/14 report. The patient has not been able to function properly since the original injury, per 8/21/14 report. The patient states his lumbar pain is described as swelling, locking, and burning, with stiffness, and has remained unchanged, per 7/17/14 report. Based on the 9/25/14 progress report provided by the treating physician, the diagnoses are lower back pain with left lower extremity lumbar radiculitis, and lower back strain with left lower extremity lumbar. A physical exam on 9/25/14 showed "L-spine range of motion is limited, with extension at 10 degrees. Left knee range of motion is limited, 0 to 105 degrees. Motor exam intact 5/5 right lateral lower extremities. Sensation intact in lower extremities. Straight leg raise negative bilaterally." The patient's treatment history includes medications, physical therapy (several months in 2006), MRI lumbar (2012) and bracing (back, knee). The treating physician is requesting lumbar epidural steroid injection series of 3. The utilization review determination being challenged is dated 10/21/14. The requesting physician provided treatment reports from 6/16/14 to 9/25/14.1. lower back pain with left lower extremity lumbar radiculitis2. lower back strain with left lower extremity lumbarA physical exam on 9/25/14 showed "L-spine range of motion is limited, with extension at 10 degrees. Left knee range of motion is limited, 0 to 105 degrees. Motor exam intact 5/5 right lateral lower extremities. Sensation intact in lower extremities. Straight leg raise negative bilaterally." The patient's treatment history includes medications, physical therapy (several months in 2006), MRI lumbar (2012), bracing (back, knee). The treating physician is requesting lumbar epidural steroid

injection series of 3. The utilization review determination being challenged is dated 10/21/14. The requesting physician provided treatment reports from 6/16/14 to 9/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injections (series of 3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with lower back pain, left knee/lower extremity pain. The treating physician has asked for lumbar epidural steroid injection series of 3 on 9/25/14 "so that he can return to work." Review of the reports does not show evidence of lumbar epidural steroid injections being done in the past. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. In this case, the patient has not had a prior epidural steroid injection. Although there is radicular pain, the physical exam does not show any findings confirming radiculopathy, sensory or motor changes, or deep tendon reflex changes. In addition, the request for a series of 3 epidural steroid injections is not supported by MTUS guidelines. The guidelines recommend no more than 2 injections. Therefore, the requested epidural steroid injection (series of 3) is not medically necessary. In this case, the patient has not had a prior epidural steroid injection. Although there is radicular pain, the physical exam do not show any findings confirming radiculopathy, sensory or motor changes, or deep tendon reflex changes. In addition, the request for a series of 3 epidural steroid injections is not supported by MTUS guidelines. The guidelines recommend no more than 2 injections. The requested epidural steroid injection (series of 3) IS NOT medically necessary.