

Case Number:	CM14-0206316		
Date Assigned:	12/18/2014	Date of Injury:	09/21/2012
Decision Date:	02/06/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/09/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 58 year old male who was injured on 9/21/2012 involving his right ankle while pulling a heavy pallet. He was diagnosed with ankle pain, knee pain, lumbar strain with myofascial pain, lumbar degenerative disc disease, and probable lumbar radiculitis vs. paresthetica. He was treated with restricted movement, TENS unit, physical therapy, foot/ankle surgery, right knee surgery, and medications. He underwent an epidural injection at the L4-5 level with a reported 20% reduction in pain and also reduced his right leg symptoms (not quantified). Later, on 11/4/14, the worker was seen by his primary treating physician reporting continual low back pain with right leg pain and requesting another epidural injection. Physical examination revealed positive straight leg raise on the right, lumbar paraspinal muscle tenderness, normal leg strength and reflexes, and mild paresthesias along the right anterior thigh and lateral thigh. He was then recommended to repeat the L4-5 epidural injection, take Mobic, and trial Voltaren gel. He was also recommended to continue his home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Epidural Injection x 1 L4-L5 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid Injection Page(s): 45.

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 is evidence to suggest that his first L4-5 epidural injection was able to reduce his pain by about 20%; however, this is insufficient to qualify him for a repeat injection, according to the criteria set by the MTUS Guidelines. Also, there was no report of any reduction in pain medication use following the injection. Therefore, the repeat epidural injection is not medically necessary.