

Case Number:	CM14-0025755		
Date Assigned:	06/13/2014	Date of Injury:	09/03/2013
Decision Date:	03/03/2015	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/28/2014

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:

This 57 year old male continues to complain of low back pain stemming from a work related lifting injury reported on 9/3/2013. Diagnoses include: lumbar-sacral spine strain; muscle spasms; and lumbar 2-3, 3-4 and 4-5 disc bulges with severe stenosis. Treatments have included: consultations; diagnostic imaging studies; physical therapy (PT) with rest, activity modifications, core strengthening; and medication management. The working status of the injured worker (IW) is not noted. No progress note from the requesting physician and at the time of the request was submitted for review. On 2/14/2014 Utilization Review (UR) modified, for medical necessity, the request for 3 steroid injections at the lumbar (L) epidural intralaminar L2-3, L3-4, and L4-5; to 1 injection. The rationale provided states that although there is documented evidence to support active radiculopathy, therefore the request for the epidural steroid injection, that only 1 intralaminar level epidural is supported; not multi-level. Cited were the MTUS guidelines for chronic pain and epidural steroid injections. The UR states that the 2/6/14 progress notes indicate that rest, activity modifications, PT and core strengthening have failed to provide significant improvement, however, no medical records with dates prior to this UR are available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection steroid central lumbar epidural intralaminar, L2-3, L3-4 and L4-5 QTY: 3:
Upheld

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

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, although there was limited documentation to help the reviewer make a decision, the fact that the request included a series of three injections at once in the request already does not qualify as appropriate. There was no evidence found in the documentation that might have made this case an exception to this guideline. Therefore, the L2-3, L3-4, and L4-5 lumbar epidural injections in series are not medically necessary.