

Case Number:	CM14-0054102		
Date Assigned:	07/07/2014	Date of Injury:	06/20/2001
Decision Date:	04/24/2015	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/23/2014

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: Arizona, Texas
Certification(s)/Specialty: Internal 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 53-year-old male sustained a work related injury on 06/20/2001. According to a progress report dated 04/25/2014, the injured worker was seen in regards to his low back. His epidural steroid injection was denied. He was having increased symptoms of pain in his lower back and down his right leg. He felt some weakness in his right leg. Impression was noted as degenerative disc disease lumbar spine and lumbar stenosis. The provider noted that the injured worker received 70 percent relief for 6 weeks with a previous epidural injection. Treatment plan included a request for authorization of an epidural steroid injection. The provider noted degeneration of lumbar or lumbosacral intervertebral disc and lumbar post-laminectomy syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbar Epidural Steroid Injection (LESI) Caudal (under ultrasound): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, Updated 2008, pages 178-80; and on the Official Disability Guidelines, Lower Back Chapter, Epidural Steroid Injections; and on the Pain Physician 2005; 8:1-47
Interventional Techniques in the Management of Chronic Spinal Pain.

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

Decision rationale: According to the MTUS regarding ESI, they are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Criteria for the use of ESI is; 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDS, and muscle relaxants). 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. 5) No more than two nerve root levels 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) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. In this case, the patient does not have any physical findings of radiculopathy or findings on imaging studies. The exam was negative for neurological deficits. Therefore, the request is not medically necessary.