

Case Number:	CM15-0002620		
Date Assigned:	01/13/2015	Date of Injury:	05/09/2014
Decision Date:	03/11/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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:

The injured worker is a 55 year old female who sustained an industrial injury on 5/19/2014. She has reported pain in the lower back and both hips after a fall. The diagnoses have included whiplash, thoracic and shoulder sprain/strain, lumbar displacement, wrist tendinitis and pain management. Treatment to date has included physical therapy, acupuncture, and medication management. Magnetic resonance imaging of the left hip and lumbar spine from 9/11/2014 noted chondral fissuring and mild gluteus minimus insertional tendinosis posterior disc bulges at lumbar 4-5 and lumbar 5 to sacral 1. Pelvic and right ankle X rays on 6/2/2014 were within normal limits. Currently, the IW complains of pain in the low back, left wrist and right ankle. Treatment plan included a lumbar epidural steroid injection. On 12/29/2014, Utilization Review non-certified a lumbar epidural steroid injection, noting the magnetic resonance imaging does not reveal any nerve root compression. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 was both insufficient objective evidence from physical examination findings and insufficient objective evidence from MRI spine findings to suggest a lumbar radiculopathy/nerve root impingement with enough clarity to justify an epidural injection at L5-S1. Without this evidence to confirm the suspicion of this specific location and diagnosis, the L5-S1 epidural injection will be considered medically unnecessary.