

Case Number:	CM15-0005565		
Date Assigned:	01/20/2015	Date of Injury:	12/08/1998
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 66 year old male who sustained an industrial injury on 12/08/1998. The injured worker complains of low back pain and right hip pain. Diagnoses include lumbar stenosis, right hip osteoarthritis, and lumbar degenerative disc disease. A physician progress note dated 12/01/2014 documents the injured worker has been walking and has pain in the front and back of the right thigh. She has some relief from the medications. There is moderate tenderness to palpation. She continues to have anterior pain with range of motion of the hip as well as intermittent posterior pain consistent with claudication. It is documented past treatment has included epidural injection and had improved with epidural injection. Treatment has also included medications. The treating physician is requesting Epidural steroid Injection to the lumbar spine. On 12/23/2014 the Utilization Review non-certified the request for Epidural steroid Injection to the lumbar spine citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Epidural Steroid Injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid Injection to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: Lumbar epidural steroid injection is not medically necessary. The California MTUS page 47 states the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections. The physical exam is consistent with lumbar radiculitis; however, there is lack of documentation of at least 4-6 weeks of failed conservative therapy including with physical therapy and medications including anti-inflammatory medications. Additionally, there is lack of documentation of at least 50% reduction in pain for 6-8 weeks that has also led to a reduction in pain medication; therefore, the requested services is not medically necessary.