

Case Number:	CM15-0005912		
Date Assigned:	01/26/2015	Date of Injury:	12/17/2013
Decision Date:	03/11/2015	UR Denial Date:	01/05/2015
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: Hawaii, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 47 year old female, who sustained an industrial injury on December 17, 2013. Her diagnoses include displacement of lumbar intervertebral disk without myelopathy. She reported sudden, intense low back pain on October 27, 2014. She has been treated rest, chiropractic therapy, physical therapy, home exercise program, and medications. On November 24, 2014, the injured worker underwent a transforaminal epidural steroid block at the right lumbar 5 level. On December 23, 2014, the injured worker complains of lower back pain. The physical exam revealed normal range of motion. The pain was over right buttock with radiation down to the right lateral leg, consistent with lumbar 5 distribution. The physician noted the prior transforaminal epidural steroid injection helped to relieve her acute discomfort from her new injury in October. On January 5, 2015 Utilization Review non-certified a request for 1 transforaminal epidural steroid injection at the right lumbar 5 level, noting the lack of evidence of functional improvement from a prior transforaminal epidural steroid injection. The California Medical Treatment Utilization Schedule (MTUS) guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE TRANSFORAMINAL EPIDURAL STEROID INJECTION AT THE RIGHT L5 LEVEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), Epidural steroid injections (ESIs), therapeutic MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections

Decision rationale: ACOEM Guidelines state "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." ODG and MD Guidelines agree that: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended. If after the initial block/blocks are given (see 'Diagnostic Phase' above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported." The treatment records did not document at least 50-70 percent improvement necessary per guidelines to warrant another injection. As such, the request for ONE TRANSFORAMINAL EPIDURAL STEROID INJECTION AT THE RIGHT L5 LEVEL is not necessary at this time.