

Case Number:	CM15-0009700		
Date Assigned:	01/27/2015	Date of Injury:	07/07/2014
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/16/2015

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: 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 43-year-old female, with a reported date of injury of 07/07/2014. The diagnoses include displacement of the lumbar intervertebral disc without myelopathy and degeneration of the lumbar intervertebral disc. Treatments have included physical therapy, anti-inflammatory medications, muscle relaxer, oral pain medication, and an MRI of the lumbar spine on 10/06/2014, which showed diffuse disc bulge at L5-S1, moderate left neuroforaminal stenosis at L4-5, and a small anterior extrusion at L3-4. The orthopedic consultation report dated 12/11/2014 indicates that the injured worker complained of low back pain with radiation down her left leg. She also indicated that the pain radiated around her abdomen. The objective findings included tenderness to palpation of the lumbar spine; diffuse lumbosacral pain, worse on the left; no tenderness of the hip; decreased range of motion of the lumbar spine; pain with motion; and positive seated straight leg raise test. The treating physician requested a lumbar epidural steroid injection. The rationale for the request was not provided. On 12/22/2014, Utilization Review (UR) denied the request for an ultrasound-guided epidural steroid injection, noting that the effectiveness of the medications were not included in the documentation, there was no documentation of what levels that were to be injected during the procedure, no documentation of sufficient evidence of significant objective neurological deficits on physical examination, no documentation of trying failed conservative treatment, and no evidence of intent of current participation in other rehabilitative efforts. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided ESI: 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 section Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. The injured worker is being treated with Tylenol, naproxen and cyclobenzaprine. The efficacy of these medications is not reported, but Tylenol and cyclobenzaprine were refilled by the requesting physician. This request does not specify the level at which the epidural steroid injection would be performed, and physical examination does not indicate a specific level causing radicular symptoms. The requesting physician does not describe a rehabilitation plan to be used in conjunction with the ESI. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Ultrasound guided ESI is determined to not be medically necessary.