

Case Number:	CM15-0010741		
Date Assigned:	01/28/2015	Date of Injury:	12/13/2013
Decision Date:	04/03/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/20/2015

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 52 year old female, who sustained an industrial injury on 12/13/2013. On 1/20/15, the injured worker submitted an application for IMR for review of Epidural steroid injection at L4-S1 under fluoroscopic guidance, quantity 2. The treating provider has reported the injured worker documented the epidural steroid injections of 9/29/14 improved pain by 50%. The diagnoses have included lumbar radiculitis, lumbar disc bulge L4-5, L5-S1 with nerve root impingement/neuroforaminal stenosis. Treatment to date has included Lumbar MRI (10/20/14), epidural steroid injections (9/29/14). On 1/9/15 Utilization Review non-certified Epidural steroid injection at L4-S1 under fluoroscopic guidance, quantity 2. The MTUS, ACOEM Guidelines, (or ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at L4-S1 under fluoroscopic guidance, quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: Epidural Steroid Injection at L4-S1 under fluoroscopic guidance, quantity 2 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 request is made for a therapeutic epidural steroid injection as the patient had a previous injection on 09/29/2014 with 50% reduction in pain. The second request was made for a series of 2 injections. The guidelines assert that one therapeutic injection must be performed followed by evaluation of at least 50% reduction in pain before another injection; therefore, the request is not medically necessary.