

Case Number:	CM15-0012665		
Date Assigned:	01/30/2015	Date of Injury:	03/26/2014
Decision Date:	04/08/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/22/2015

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: Internal 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 62 year old female with an industrial injury dated March 26, 2014. The injured worker diagnoses include lumbar disc herniation with radiculopathy and right sacroiliac joint pain. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, physical therapy, lumbar epidural steroid injections, home exercise program and periodic follow up visits. According to the progress note dated 01/08/2015, the injured worker reported back, neck, buttock and leg pain. The treating physician noted tenderness of the left paraspinal muscles and tenderness over the left sciatic notch and decreased range of motion. The treating physician prescribed third lumbar epidural steroid injections for the left L5 radiculopathy. Utilization Review determination on January 8, 2015 denied the request for third lumbar epidural steroid injections for the left L5 radiculopathy, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third lumbar epidural steroid injections for the left L5 radiculopathy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. Most current guidelines recommend no more than 2 ESI injections. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. No more than 2 epidural steroid injections are recommended. The primary treating physician's progress report dated 12/31/14 documented that lumbar epidural steroid injection for left L5 radiculopathy was performed on 7/30/14. On 11/5/14, the patient had a second left L5 lumbar epidural steroid injection, and had worsening pain afterwards. Per MTUS, 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. The primary treating physician's progress report dated 12/31/14 documented that on 11/5/14, the patient had a second left L5 lumbar epidural steroid injection, and had worsening pain afterwards. Per MTUS, most current guidelines recommend no more than 2 ESI injections. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. No more than 2 epidural steroid injections are recommended. Therefore, the request for a third epidural steroid injection is not supported MTUS guidelines. The request for a third lumbar epidural steroid injection for left L5 radiculopathy is not supported by MTUS guidelines. Therefore, the request for third lumbar epidural steroid injection is not medically necessary.