

Case Number:	CM15-0040746		
Date Assigned:	03/10/2015	Date of Injury:	08/21/2013
Decision Date:	05/01/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/03/2015

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:

This 58 year old woman sustained an industrial injury on 8/21/2013. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 10/13/2014 that shows instability. Treatment has included oral medications and surgical intervention. Physician notes dated 10/23/2014 show continued complaints of low back and bilateral hip pain with radiation all the way down the legs. Recommendations include further surgical intervention to fuse L4-S1 with the use of hardware. A short physician note dated 1/16/2015 show the same back and bilateral hip pains, however states that the worker's leg is giving out and she has fallen four times. An additional recommendation is made for epidural steroid injections to L4-L5 while awaiting approval for surgical intervention. The worker is to follow up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar epidural steroid injection at the levels of L4-L5 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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. No more than 2 epidural steroid injections are recommended. Current research does not support series-of-three injections in either the diagnostic or therapeutic phase. Lumbar epidural steroid injection at L4-L5 was requested 1/29/15. The latest progress report was the neurological surgery report dated 1/16/15, which did not document a physical examination. MTUS Criteria for the use of epidural steroid injections requires that radiculopathy must be corroborated by physical examination. Because a recent physical examination was not documented, the request for lumbar epidural steroid injection is not supported by MTUS guidelines. Therefore, the request for lumbar epidural steroid injection at L4-L5 is not medically necessary.