

Case Number:	CM13-0046473		
Date Assigned:	12/27/2013	Date of Injury:	12/01/2011
Decision Date:	03/11/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48 year-old with a date of injury of 12/01/11. The mechanism of injury was back pain while bending over to discard an object. A progress report included by [REDACTED], dated 08/21/13, identified subjective complaints of chronic low back pain. There was noted a 50% improvement in his pain from the June 2013 epidural steroid injections (ESI). Objective findings included lumbar tenderness and decreased range-of-motion. Motor function was normal. An MRI in January 2013 showed disc bulging at multiple levels. Diagnosis included lumbar disc disease and radiculopathy. Treatment has included anti-inflammatories, muscle relaxants, and analgesics. One ESI was done on the left side of L4-5 in May of 2013. It was reported to only reduce pain for one month and then returned to normal. An operative note in June of 2013 indicates that bilateral L4-5 ESIs were performed. Follow-up visit in August 2013 indicated 50% improvement. A Utilization Review determination was rendered on 11/01/13 recommending non-certification of "two L4-L5 epidural steroid injections".

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Epidural Steroid Injections x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Guidelines note that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one session. The Official Disability Guidelines (ODG) note that an epidural steroid injection "Offers no significant long-term benefit." Criteria include objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. They should be done using fluoroscopy. During the diagnostic phase, a maximum of one to two injections and the second block is not indicated without 30% or more improvement from the first. No more than two nerve roots should be injected using transforaminal blocks and no more than one interlaminar level during one session. If there is a documented response to the therapeutic blocks (50-70% pain relief for at least 6-8 weeks), then up to 4 blocks per region per year may be used. Current research does not support "series-of-three" injections. The patient does not have documented objective findings of a radiculopathy supported by physical findings, neurodiagnostics, or imaging. Likewise, in view of the lack of evidence for long-term benefit, there is no documented medical necessity for the additional epidural steroid injections.