

Case Number:	CM14-0118234		
Date Assigned:	09/23/2014	Date of Injury:	07/17/2013
Decision Date:	10/23/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/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:

The injured worker is a 35-year-old male who reported a date of injury of 07/17/2013. The mechanism of injury was indicated as a crush injury. The injured worker had diagnoses of lumbosacral disc protrusion and cervical sprain/strain. Prior treatments included physical therapy. The injured worker had a MRI of an unknown date with an unofficial report indicating a 2 level disc protrusion at L4 S1 in the low back region, cervical MRI indicating minor degenerative changes and no disc protrusion. Surgeries were not indicated within the medical records provided. The injured worker had complaints of low back pain and indicated he felt more pain after completing physical therapy than prior to physical therapy. The clinical note, dated 06/30/2014, noted the injured worker's range of motion of the lumbosacral spine was 67 degrees of forward flexion, 15 degrees of extension, and 45 degrees of rotation bilaterally. There was tenderness to palpation of the injured worker's low back region with some diffuse muscle tenderness bilaterally, without spasms and facet joint tenderness was mild bilaterally. The injured worker had a negative straight leg raise, a positive Kemp's test bilaterally, and intact sensations of the bilateral lower extremities. The injured worker's deep tendon reflexes were 2/4 in bilateral patella and ankles, and strength was 5/5 of the bilateral lower extremities. Medications include Relafen and Norflex. The treatment plan included Norflex, Relafen, and the physician's recommendation for a L5-S1 lumbar epidural steroid injection. The rationale provided was indicated as the injured worker had limited reponse to physical therapy and was still presenting with pain. The Request for Authorization form was not received within the medical records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Lumbar (ESI) Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections (ESI's) Pa.

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

Decision rationale: The request for L5-S1 Lumbar (ESI) Epidural Steroid Injection is not medically necessary. The injured worker had complaints of low back pain and indicated he felt more pain after completing physical therapy than prior to physical therapy. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery, and do not provide long term pain relief beyond 3 months. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The guidelines recommend epidural steroid injections for the treatment of radicular pain. However, there is a lack of documentation the injured worker has radiculopathy. There is a lack of documentation the injured worker is executing a home exercise program after the completion of his physical therapy to maintain functional gains to be used as an adjunct with an epidural steroid injection. As such, the request is not medically necessary.