

Case Number:	CM14-0118529		
Date Assigned:	09/16/2014	Date of Injury:	07/24/2012
Decision Date:	10/30/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/29/2014

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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of July 24, 2012. A utilization review determination dated June 26, 2014 recommends noncertification for a lumbar epidural steroid injection at L4-5 and L5-S1. Noncertification was recommended due to lack of objective evidence of significant improvement in pain or function following a previous epidural injection. A progress report dated November 21, 2013 identifies subjective complaints indicating that the patient underwent an epidural injection with 50% relief of low back pain and radicular symptoms. Injection was performed on September 23, 2013. Physical examination findings reveal reduced muscle strength in the right lower extremity, reduced sensation in L4 and L5 dermatomal distributions, and tenderness to palpation around the lumbar spine. The diagnoses include chronic low back pain with radicular symptoms, lumbar sprain/strain, and degenerative lumbar disc disease. The treatment plan recommends continuing her current pain medication. A progress report dated December 9, 2013 indicates that the patient continues to have 50% relief of low back pain following her epidural injection on September 23, 2013. A progress report dated January 30, 2014 indicates that as of the 2nd epidural injection, the patient is able to sleep on her back whereas she was unable to sleep on her back prior to the 1st 2 injections. She is also now able to ambulate more and is actually able to walk to some extent and stand for a longer period of time since the two injections. A 3rd injection will be requested, otherwise consideration should be given for surgical intervention. A progress report dated June 5, 2014 identifies subjective complaints of back pain radiating into the right lower extremity with numbness and tingling which has been getting worse. Physical examination findings reveals decreased strength in the right lower extremity at numerous muscle groups. Sensory examination reveals decreased sensation to light touch on the right L4 and L5 nerve root distribution. Diagnoses include chronic low back pain with radicular symptoms to the right L4-L5 distribution, lumbar sprain/strain, and

lumbar spine degenerative disc disease. The treatment plan recommends performing a lumbar epidural steroid injection at the level of L4-L5, and L5-S1 due to previous epidural injections helping her particular symptoms in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L4-L5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792 Epidural steroid injections (ESIs) Page(s): 26 and 46 of 127.

Decision rationale: Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, the requesting physician has identified that the previous epidural injections improved the patient's pain and function for over 6 weeks. The patient also has physical examination findings and objective examination findings supporting a diagnosis of radiculopathy. Unfortunately, no imaging report or electrodiagnostic studies have been provided supporting a diagnosis of radiculopathy. Additionally, the current request is for a 2 level injection. It is not clarified whether this is an interlaminar injection or a transforaminal injection. Guidelines do not support performing more than one level interlaminar injection at one time. Due to the lack of clarity regarding the above issues, the currently requested epidural steroid injection is not medically necessary.