

Case Number:	CM14-0129604		
Date Assigned:	09/22/2014	Date of Injury:	01/31/2010
Decision Date:	10/30/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/14/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 48-year-old male who reported an injury of unspecified mechanism on 01/31/2010. On 05/12/2014, his diagnoses included lumbar disc syndrome, lumbar radiculopathy, and lumbar stenosis. His complaints included lower back pain radiating into both lower extremities. The notes stated that he had not had any back surgery but he had good results from his last epidural steroid injection of a 50% to 70% pain relief and improved function. There was no documentation of how long this pain relief or functional improvement lasted. The note stated that this worker wanted to repeat his epidural steroid injection. On 07/10/2014, the progress note stated that a repeat ESI would be scheduled. There was no request for authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat LESI at L2-L3, L3-L4 and L4-L5: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, but no more than 2 ESI injections. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. They 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. Epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 to 6 weeks following the injection, but they do not effect impairments of function or the need for surgery and do not provide long term pain relief beyond 3 months. Among the criteria for use of epidural steroid injections are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the condition must be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Also, the injection should be performed using fluoroscopy for guidance. No more than 2 nerve root levels should be injected using transforaminal blocks, no more than 1 interlaminar level should be injected a 1 session. In the therapeutic phase, 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 6 to 8 weeks. The requested 3 levels exceed the recommendations in the guidelines. Additionally, fluoroscopy for guidance was not included in the request. Therefore, this request is not medically necessary.