MAXIMUS Federal Services

Case Number:	CM14-0145722		
Date Assigned:	09/12/2014	Date of Injury:	11/05/2013
Decision Date:	10/15/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/08/2014

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 Internal 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:

The patient is an injured worker with the diagnoses of lumbar spine strain, ligament muscle strain and spasm, quadratus lumborum pain, and left L4-L5 lumbar radiculopathy. Date of injury was November 5, 2013. Procedure report dated July 25, 2014 documented the performance of a lumbar steroid epidural injection. The progress report dated July 31, 2014 documented subjective complaints of continued dull aching pain with sharpness, stabbing, and burning sensation into the lumbar spine, unchanged and radiates to the lower extremities and worse from previous exams, baseline 5 to 7 out of 10 pain. Objective findings included tenderness to palpation in the lumbar paraspinals and tenderness to palpation in the quadratus lumborum. The patient's gait pattern was normal. Upon visual inspection of the lumbosacral spine, thoracolumbar posture was noted to be well-preserved with no splinting. Straight leg raise is positive on the left. Motor strength examination of the lower extremities was 5/5. Diagnoses were lumbar spine strain, ligament muscle strain and spasm, quadratus lumborum pain, and left L4 -L5 lumbar radiculopathy. The patient reported continuous and recalcitrant pain, not improved significantly status post epidural helped to alleviate the pain tremendously for three days. A second epidural injection of the lumbar spine was requested. Utilization review determination date was August 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar spine epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 302,Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 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. 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. The procedure report dated July 25, 2014 documented the performance of a lumbar steroid epidural injection. The progress report dated July 31,2014 documented subjective complaints of continued dull aching pain with sharpness, stabbing, and burning sensation into the lumbar spine, unchanged and radiates to the lower extremities and worse from previous exams, baseline 5 to 7 out of 10 pain. The patient reported continuous and recalcitrant pain, not improved significantly status post epidural. MTUS 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. According to the July 31, 2014 progress report, the first lumbar epidural steroid injection did not result in significant improvement. Because first lumbar epidural steroid injection did not result in significant improvement, a second lumbar epidural steroid injection is not supported by MTUS guidelines. Therefore, the request for a repeat lumbar spine epidural steroid injection is not medically necessary or appropriate.