

Case Number:	CM14-0176549		
Date Assigned:	10/30/2014	Date of Injury:	07/30/2010
Decision Date:	12/05/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/25/2014

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 injured worker (IW) is a 57-year-old man with a date of injury of July 30, 2010. The mechanism of injury is not documented in the medical record. Pursuant to the September 24, 2014 progress note, the IW complains of low back pain radiating to the left leg. The quality of pain is sharp. Pain level without medications is 9/10. There is weakness in the limbs and no numbness of the legs/feet. The physical examination of the lumbar spine revealed positive straight leg raising test and paravertebral tenderness on the left. The extension was normal. No palpable trigger points and negative facet maneuvers. Hips: No tenderness of the sacroiliac (SI) joint or pain over the greater trochanteric bursa and full range of motion. Neurological exam revealed no focal motor weakness in all four extremities. Normal gait and station. No focal sensory deficits in all extremities. Reflexes: 2+ in lower extremities. The IW has been diagnosed with lumbosacral radiculitis and chronic pain syndrome. The IW had left L4-L5 and L5-S1 epidural steroid injection (ESI) last visit. There was no documentation indicating that the ESI was under fluoroscopy. The provider's documentation indicated that the IW had had excellent relief from these in the past, but the effects of this one were suboptimal. He has only had 2 week relief. The provider recommends L5-S1 transforaminal ESI with a particulate to see if he gets a longer duration of pain relief. The IW is to continue with Ibuprofen and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural, fluoroguide, depomedrol 80 mg (L5-S1 TF ESI): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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); Pain Section, Epidural Steroid Injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural during injection, fluroguide and Depo-Medrol 80 mg (L5 - S1 TF ESI) is not medically necessary. The purpose of epidural steroid injections is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use in avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria include, but are not limited to, radiculopathy (must be documented) initially unresponsive to conservative treatment. A repeat block is not recommended if there is inadequate response to the first block (less than 30% is a standard placebo response). At the time of initial use of epidural steroid injection (ESI), a maximum of 1 to 2 injections should be performed. Additionally, injections should be performed using fluoroscopy and injection of contrast for guidance. In this case, the injured worker had an epidural steroid injection done the last visit (progress note dated September 24, 2014). He's had excellent relief from these the past, but the effects of the last injection were suboptimal. He had only two weeks of relief. There is no documentation as to whether the ESI was performed under fluoroscopy (a requirement under the Official Disability Guidelines). A repeat block is not recommended if there is an inadequate response to the first block. The documentation doesn't state whether there was less than a 30% response. Consequently, based on inadequate documentation the epidural steroid injection is not medically necessary based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the lumbar epidural steroid injection, fluroguide, Depo-Medrol 80 mg (L5 - S1 TF ESI).