

Case Number:	CM14-0097493		
Date Assigned:	07/11/2014	Date of Injury:	01/04/2014
Decision Date:	08/08/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/08/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 35 year old male who was injured on 1/4/14 involving his lower back. He was later diagnosed with acute lumbago, lumbosacral strain, and myofascial pain syndrome. He was first given Toradol and Decadron injections, prednisone, Soma, and Norco. Physical examination from 1/6/14 with his treating physician revealed positive straight leg raise bilaterally with pain into his lower back and thigh with provocation, but with no other abnormal findings neurologically. He was recommended to do stretches at that time. He reported on 1/13/14 that his pain continued in his back with spasms, but no paresthesias or radicular pain was reported that that time. Straight leg raise was negative bilaterally on that date. He was then recommended to get a trigger point injections, take Mobic and Flexeril as well as see a chiropractor. He later was given Neurontin as a trial as well as a TENS unit. He was given an intra-articular facet joint injection (L5-S1) on 4/4/14 which didn't help his pain. A request for an epidural injection in (right L5-S1) was made for the second time on 4/23/14 after the worker reported continual low back pain, mostly on the right side (but with no report of symptoms of radiculopathy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Transforaminal Epidural Steroid Injection: 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 p. 46 Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. no more than two nerve root levels should be injected using transforaminal blocks, 6. no more than one interlaminar level should be injected at one session, 7. 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, and 8. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there does not seem to be any evidence found in the documents provided that the worker reported any symptoms of radiculopathy. Nor did I find any evidence of objective findings suggestive of radiculopathy to justify a consideration of an epidural injection at any level, regardless of MRI findings which have been proven to be misleading if used alone diagnostically without physical findings that match the image. Therefore, the epidural is not medically necessary.