

Case Number:	CM14-0097603		
Date Assigned:	07/25/2014	Date of Injury:	08/15/2012
Decision Date:	09/22/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 a 56-year-old male who has submitted a claim for injury of chest wall, lumbosacral neuritis, lumbago, disc degeneration, lumbar disc displacement, sciatica, and lumbosacral spondylosis associated with an industrial injury date of 08/15/2012. Medical records from 10/15/2013 to 07/25/2014 were reviewed and showed that patient complained of low back pain (pain scale grade not specified) radiating down the left lower extremity. Physical examination revealed lumbar paraspinal muscle tenderness, decreased lumbar ROM, and intact sensation to light touch, MMT, and reflexes of lower extremities. MRI of the lumbar spine (date not made available) showed multi-level degenerative disc disease with significant narrowing at L4-5 and L5-S1. Treatment to date has included left L4-5 lumbar ESI (04/30/2014), physical therapy, tramadol, Norco, and Flexeril. Of note, the lumbar ESI did not provide substantial medical improvement (05/15/2014). Utilization review dated 05/19/2014 denied the request for outpatient lumbar epidural steroid injection, no levels indicated because no levels were indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Lumbar Epidural Steroid Injection, no level specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, 2014 web-based edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

Decision rationale: The CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; No more than two nerve root levels should be injected using transforaminal blocks; No more than one interlaminar level should be injected at one session; 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. In this case, the patient complained of low back pain radiating down the left lower leg. Physical examination findings include normoreflexia and normal DTRs and sensation to light touch of lower extremities. The patient's clinical manifestations were not consistent with a neurologic deficit. MRI of the lumbar spine showed significant narrowing at L4-5 and L5-S1. However, the abnormalities of the MRI findings were not corroborated by objective physical findings of neural compromise. The patient was noted to receive a left L4-5 lumbar ESI (04/30/2014) which did not afford substantial relief. The guidelines state that repeat ESI should be supported by 50% pain relief for six to eight weeks from previous ESI. Moreover, there was no documentation concerning the functional outcome from physical therapy to support conservative treatment failure. The request likewise failed to specify the level of ESI and if the ESI will be done under fluoroscopic guidance as guidelines recommend. Therefore, the request for Outpatient Lumbar Epidural Steroid Injection, no level specified is not medically necessary.