

Case Number:	CM14-0211996		
Date Assigned:	12/24/2014	Date of Injury:	04/07/2012
Decision Date:	02/27/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old female presenting with a work related injury on 04/07/2014. The patient complained of low back pain on the right side. On the most recent office visit the patient complained of significant pain flare up with increased severity of low back pain with radiation into. According to the medical records the patient complained of similar symptoms approximate a year ago where she received a lumbar epidural steroid injection that dayq. The physical exam was significant for spasms in the lumbar paraspinals and quadratus, primarily on the right side. Lumbar MRI on may 21st 2012 demonstrated L4 - L5 is that the patient, annular tear and circumferential disc bulge measuring 5 mm posteriorly left of the midline and six and 7 mm in the left neural foramen with, foraminal narrowing, disc was compressing the left neuropathic stated that thecal sac and there was mild impingement on the right L5 nerve. The patient's medications included tramadol. According to the provider's note the patient was not responding to the tramadol. The patient also tried physical therapy, home exercise program, TENS unit, trigger point injections, and acupuncture. On July 31, 2012 the patient had bilateral L5 transforaminal epidural steroid injection which was reported as providing no improvement. The patient also had medial branch blocks lumbar facet injections and lumbar radiofrequency which provided marginal benefits. Electrodiagnostic studies on August 14, 2013 revealed right L5 and S1 radiculopathy. The provider recommended a lumbar epidural steroid injection. The patient was diagnosed with lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 47.

Decision rationale: Lumbar Epidural Steroid Injection is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The ODG states that in terms of sedation with epidural steroid injections, the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety. Additionally, a major concern is that sedation may result in the inability of the patient to experience the expected pain and parathesias associated with spinal cord irritation. The claimant's symptoms and MRI are consistent with radiculopathy in the distribution of the epidural treatment level; however, the patient had previous epidural steroid injections some of which provided benefit and other which did not improve the pain as well. Given there is mixed response to previous epidural steroid injection, the requested procedure is not medically necessary per ODG and CA MTUS guidelines.