

Case Number:	CM14-0216772		
Date Assigned:	01/06/2015	Date of Injury:	05/10/2009
Decision Date:	03/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/26/2014

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: Colorado

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

60 year old female with date of injury 5/10/2009 continues care with the treating physician. Patient's primary complaint is chronic low back pain radiating down bilateral legs. MRI, referenced only in utilization review, shows multilevel disc disease and canal stenosis with significant disc protrusion putting pressure on S1 nerve roots at L5-S1 level. Patient has tried physical therapy and medications with some relief. The record indicates patient had right L5-S1 epidural steroid injection 11/19/2014 with 50% improvement in pain, and function and 50% reduction in medication use. The treating physician is requesting another L5-S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, right L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 46-47.

Decision rationale: Per the Guidelines, Epidural steroid injections (ESIs) are recommended for treatment of radicular pain if conservative measures have failed. The Guidelines specify several criteria for use of epidural steroid injections, and all criteria must be met. New evidence suggests no more than 2 epidural steroid injections, not the previously recommended series of 3. Epidural steroid injections have not been shown to provide lasting pain relief and have no proven effect on long term function. Based on the evidence, epidural steroid injections are best used for short-term pain relief (no more than 3 months), in conjunction with other measures including continued exercise. Criteria for Use of Epidural Steroid Injection: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8) Current research does not support a series-of-three injections for the patient of concern, the records do indicate that patient achieved 50% pain reduction and 50% function improvement with initial epidural steroid injection. However, at the time of the request for additional epidural steroid injection, patient had not yet been at least 6 weeks post procedure, so her reduced use of medication has not yet proven to be sustained. Patient does meet all other criteria for epidural steroid injection, so the follow up epidural steroid injection may be indicated after the 6 week post-procedure period if patient continues to have radicular symptoms / findings and sustained improvement noted above. As there is no additional documentation 6 weeks post-procedure indicating sustained reduction in use of medications, and associated sustained improvement in pain and function, the request for epidural steroid injection is not medically indicated.