

Case Number:	CM14-0217393		
Date Assigned:	01/07/2015	Date of Injury:	02/05/2007
Decision Date:	03/05/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/29/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

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

This is a 66 year old male who suffered a work related injury on 02/05/2007. Diagnoses include chronic discogenic low back pain secondary to L5-S1 disc extrusion with S1 root impingement, and chronic mechanical low back pain syndrome. There was an Agreed Medical Reexamination dated 05/20/2013 present in documents received. The Utilization Review dated 12/17/2014 documents the injured worker received an epidural steroid injection on 11/03/2014 at the L5-S1 level. According to the most recent progress report from [REDACTED] on 12/12/2014, the injured worker reported that he felt the epidural steroid injection was too low. He had requested a bilateral epidural steroid injection at the L4-5 level because he had previously received significant benefit from epidural at this level. His pain was rated 6-7 out of 10 without medication. He was unsure of his pain level with medications because his medications had been cut off again. The injured worker stated chiropractic sessions had been beneficial in the past. Objective examination revealed tenderness over the lumbar paraspinal musculature and over the bilateral S1 joints. Lumbar range of motion was restricted in all directions. There was tenderness and tightness in the lower thoracic area as well. The cervical spine also had tenderness to palpation as well as tingling and burning pain with palpation from C3-C7. Pain was greatest over the C5 facet joints bilaterally. There was moderate tenderness with palpation to the right trapezius and pain was elicited with palpation of the left trapezius. There was mild tenderness with palpation of the bilateral deltoids as well. The request is for 1 epidural steroid injection at the bilateral L4-5. Utilization Review dated 12/17/2014 non-certified the request for 1 epidural steroid injection at bilateral L4-5 citing California Chronic Pain Medical Treatment

Guidelines-Epidural Steroid Injections. The guidelines recommend the use of epidural steroid injections as an option for treatment for radicular pain. Radicular pain must be documented by physical examination and corroborated by imaging studies. The injured worker must be initially unresponsive to conservative treatment. 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 8 weeks, with a general recommendation of no more than 4 blocks per region per year.

IMR ISSUES, DECISIONS AND RATIONALES

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

One epidural steroid injection at bilateral L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309..

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no evidence that the patient has been unresponsive to conservative treatments. Furthermore, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. There is no clear documentation of radiculopathy at the level of L4-L5. Therefore, epidural steroid injection at bilateral L4-L5 is not medically necessary.