

Case Number:	CM14-0219182		
Date Assigned:	01/09/2015	Date of Injury:	11/11/2013
Decision Date:	03/10/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/31/2014

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 54 year old male who sustained an industrial injury on November 11, 2013. He has reported low back pain, left heel, left shoulder, and left toe pain and was diagnosed with chronic pain due to trauma, back pain existing, rib existing, toe pain existing, and shoulder pain existing. Treatment to date has included Acupuncture, Physical Therapy, pain medications, pain management, and lumbar epidural steroid injection. The treating physicians' treatment plan included pain medications, physical therapy, a surgical spine consultation, and a repeat right selective epidural injection at the L4-L5-S1 level. On December 19, 2014 Utilization Review form non certified lumbar selective epidural injection at L4-5, L5-S1 under fluoroscopy guidance and monitored anesthesia noting the MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar selective epidural injection at L4-L5, L5-S1 under fluoroscopic guidance and monitored anesthesia care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Epidural Steroid Injections (ESIs) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Low back section, Epidural steroid injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar selective epidural steroid injections L4-L5 and L5-S1 under fluoroscopy with monitored anesthesia is not medically necessary. Epidural steroid injections are recommended as a possible option for short-term treatment of radicular pain. The guidelines set the criteria for the use of epidural steroid injections. These criteria include, but are not limited to, particular if they (due to herniated disk, but not spinal stenosis) must be documented. Objective findings on examination need to be present; radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods and nonsteroidal anti-inflammatory drugs). 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 in medication use for 6 to 8 weeks, with a general recommendation of no more than four blocks per region per year. In this case, the injured worker's working diagnoses are degenerative lumbar/lumbosacral intervertebral disc disease; and sciatica. Subjectively, the worker complains of low back pain, left shoulder pain and left heel pain. Low back pain radiates down one leg and is associated with weakness. Objectively, there is positive straight leg raising on the left and moderate tenderness over the L5-S1 paravertebral musculature. The documentation provides conflicting evidence of a prior epidural steroid injection. The treating physician wrote: "the last injection did not provide initial desired level of pain relief (only 20-30% relief). It did provide long-lasting relief, greater than 50% for more than four weeks. This also assisted in improving overall functionality, overall mood and sleep". The documentation does not contain evidence of objective functional improvement. Consequently, absent evidence of 50% pain relief with prior epidural steroid injection along with documentation indicating an associated reduction in medication use for 6 to 8 weeks and objective functional improvement, lumbar selective epidural steroid injection L4-L5 and L5-S1 under fluoroscopy monitored anesthesia is not medically necessary.