

Case Number:	CM15-0016974		
Date Assigned:	02/03/2015	Date of Injury:	10/01/2013
Decision Date:	03/24/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/27/2015

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
 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:

The injured worker is a 22 year old male who sustained an industrial injury on 10/1/13 from a slip and fall that involved injury to his back and left shoulder. He is currently complaining of neck, shoulder, back, left leg and arm pain. The back pain is the most painful rating the pain 4-6/10. Medications include Tramadol any other opioids were not prescribed because of inconsistent toxicology screens for prescription medications, cyclobenzaprine, Prilosec, Anaprox, Neurontin and ibuprofen. Tramadol helps the neck and shoulder pain but not the back pain. Diagnoses include cervical strain; possible internal derangement of the cervical spine; lumbar disc narrowing at L5-S1; thoracic strain; left shoulder impingement. Treatments to date were physical therapy that offered temporary relief, chiropractic therapy. Diagnostics include MRI of the lumbar spine (11/7/14) which indicated L4-5 left lateral disc osteophyte complex, moderate degenerative disc narrowing L5-S1, left lateral disc bulge L3-4; electromyography and conduction velocity study of the left lower extremity (12/3/14) and was normal. Progress note dated 12/17/14 indicates that the injured worker is very symptomatic and a lumbar epidural steroid injection was discussed. On 12/19/14 the treating provider requested lumbar epidural steroid injection. On 1/9/15 Utilization review non-certified the request for lumbar epidural steroid injection at L5-S1 citing MTUS: Chronic pain Medical treatment Guidelines: Epidural Steroid Injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L5-S1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, although the lumbar MRI report from 11/10/14 (provided in documents this time) suggested possible lumbar radiculopathy from the defects found, particularly at the L4-5 and L5-S1 levels, the nerve conduction study of the lower extremities was normal on 12/3/14. Also, although there was insufficient documentation of the worker's complaints at the time of this request, the physical examination showed decreased sensation, decreases strength, and abnormal reflexes of the left leg. Considering the results of the MRI and physical findings, it is reasonable to consider an epidural injection at the L5-S1 level at this time.