

Case Number:	CM15-0018271		
Date Assigned:	02/06/2015	Date of Injury:	12/17/2013
Decision Date:	03/30/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	01/30/2015

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: California
 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 51 year old male, who sustained an industrial injury on 12/17/2013. The diagnoses have included herniation of lumbar and cervical intervertebral disc with radiculopathy, cervical sprain and lumbar back sprain. Treatment to date has included chiropractic treatments, lumbar epidural injection 12/19/2014 and pain medications. According to the progress report dated 1/20/2015, the injured worker had complaints of constant pain related to the cervical spine and occasional pain related to the lumbar spine. Review of systems revealed generalized weakness and difficulty walking. Physical exam revealed positive right straight leg raise, numbness of the lateral aspect of the right foot and muscle spasms over the lumbar spine. The physician assessment/plan noted that the first lumbar epidural injection helped for three weeks. Repeat lumbar epidural injection for L5-S1 was recommended for recurrent pain. On 1/30/2015, Utilization Review (UR) non-certified a request for Repeat Lumbar Epidural Injection L5-S1 under Fluoroscopy. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbar Epidural Injection L5-S1 Floroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. The progress report dated 01-20-2015 noted that the first L5-S1 epidural injection helped for three weeks. No radicular pain was documented. Per MTUS, repeat epidural steroid injections 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. The 1/20/15 progress report documented that the first epidural injection helped for 3 weeks. MTUS requires 6 to 8 weeks of improvement. Therefore, the request for a repeat L5-S1 lumbar epidural injection is not supported by MTUS guidelines. Therefore, the request for L5-S1 lumbar epidural injection is not medically necessary.