

Case Number:	CM15-0037928		
Date Assigned:	03/06/2015	Date of Injury:	01/12/2010
Decision Date:	04/15/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/27/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old male, who sustained an industrial injury on January 12, 2010. He reported a slip and fall in which he landed on his back and buttock with his feet in the air. He reported an injury to his back and legs. The injured worker was diagnosed as having acute lumbar and thoracic strain and rule out HNP of L4-5 and L5-S1. Treatment to date has included lumbar MIR, physical therapy, epidural steroid injection, medications, and home exercise program. Currently, the injured worker complains of bilateral low back pain with right posterior thigh pain to the knee with medial right ankle numbness. He reports that his pain is constant and unchanging and he rates it an 8 on a 10-point scale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 Transforaminal Epidural Steroid Injection QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Medical Treatment Utilization Schedule (7/18/09), page 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), Epidural steroid injections (ESIs), therapeutic, Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections.

Decision rationale: ACOEM Guidelines state "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." ODG and MD Guidelines agree that: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended. If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported." Treating physician does not document at least 50% pain relief. The treating physician writes that the "medication and injections have helped alleviate the pain somewhat," but does not quantify the level of relief. Per ODG, "Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms . . . Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response." The treating physician does not document any acute exacerbation of pain, new radicular symptoms, continued objective pain relief, or functional response. As such, the request for Left L4 Transforaminal Epidural Steroid Injection QTY 1 is not medically necessary.