

Case Number:	CM15-0065844		
Date Assigned:	04/13/2015	Date of Injury:	12/02/2011
Decision Date:	05/26/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/07/2015

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:

This 50 year old man sustained an industrial injury on 12/2/2011. The mechanism of injury is not detailed. Diagnoses include spinal stenosis of the lumbar spine, low back pain, thoracic or lumbosacral neuritis or radiculitis, and degeneration of intervertebral disc. Treatment has included oral medications and physical therapy. Physician notes dated 10/21/2014 show complaints of low back pain with associated leg pain. Recommendations include stretching, exercises, physical therapy, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar/sacral transforaminal injection (level not provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 45.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 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. Most current guidelines recommend no more than 2 ESI injections. No more than 2 epidural steroid injections are recommended. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. The medical records document a history of low back pain. The date of injury was December 2, 2011. The patient was previously authorized on February 2, 2015 for left L4-5 and L5-S1 transforaminal injection. The primary treating physician's progress report dated 3/2/15 documented subjective complaints of low back pain with associated leg pain. Symptoms are the same. Epidural injection got authorized. Patient has questions regarding injection before proceeding. Physical examination was unchanged from last visit. No imaging results were recorded. The patient wants the hardware to be removed. The patient wants to proceed with injection. On March 10, 2015, outpatient lumbar/sacral transforaminal injection (level not provided) was requested. The patient was previously authorized on February 2, 2015 for left L4-5 and L5-S1 transforaminal injection. The 3/2/15 progress report indicates that the patient wants to proceed with injection. Per MTUS, 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 3/10/15 request for outpatient lumbar/sacral transforaminal injection did not specify a level or side. MTUS 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. The 3/2/15 progress report does not document a physical examination, imaging studies, or electrodiagnostic testing. Without a documented physical examination, the request for epidural steroid injection is not supported. Therefore, the request for lumbar/sacral transforaminal injection is not medically necessary.