

Case Number:	CM15-0068554		
Date Assigned:	04/14/2015	Date of Injury:	01/29/2013
Decision Date:	05/28/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/16/2014

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
 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 36 year old, male who sustained a work related injury on 1/29/13. The diagnoses have included lumbar herniated nucleus pulposus and lumbar radiculopathy. The treatments have included 12 sessions of physical therapy without benefit, chiropractic treatments x 12 sessions without benefit, oral medications, Lidopro cream, and MRIs. In the PR-2 dated 5/7/14, the injured worker complains of ongoing low back pain. He rates the pain a 7/10. The treatment plan is a request for a transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

TESI for the bilateral L4 & L5 nerve roots: Upheld

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

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. If used for diagnostic purposes, a maximum of two injections should be performed. 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. Most current guidelines recommend no more than 2 ESI injections. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. No more than 2 epidural steroid injections are recommended. The orthopedic qualified medical examiner report dated 1/10/14 documented that the patient had two previous epidural steroid injections. The first epidural injection was in June 2013. The patient states that he noted relief for about a week and a half. The second epidural steroid injection was in July 2013. The second epidural injection provided relief that lasted about two weeks. The primary treating physician's progress report dated 5/7/14 documented that the patient had two epidural injections in the past, and the patient reported two weeks benefit. 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 1/10/14 and 5/7/14 physician's reports documented two weeks relief with past epidural injections. No more than 2 epidural steroid injections are recommended per MTUS. Most current guidelines recommend no more than 2 ESI injections. Therefore, the request for repeat epidural steroid injections is not medically necessary.