

Case Number:	CM15-0090386		
Date Assigned:	05/14/2015	Date of Injury:	11/15/2003
Decision Date:	06/24/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	05/11/2015

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 48 year old male sustained an industrial injury on 11/15/03. He subsequently reported Diagnoses include lumbar radiculopathy. Treatments to date include x-ray and MRI testing, physical therapy, injections, acupuncture and prescription pain medications. The injured worker continues to experience low back pain and to the lower extremities. On examination, there was tenderness at L4, L5 and S1, deep tendon reflexes 2 plus and lower back flexion of 70 degrees noted. A request for one epidural block injection was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

One epidural block injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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. The primary treating physician's progress report 3/3/15 documented subjective complaints of lower back pain radiating down lower extremities. Objective findings were: flexion 70 degrees; lower back tender L4, L5, and S1; DTR++. MTUS criteria for the use of epidural steroid injections requires that radiculopathy must be corroborated by physical examination. No physical examination findings that corroborate radiculopathy were noted in the 3/3/15 progress report. No neurologic deficits were noted. The request for epidural steroid injections is not supported by MTUS guidelines. Therefore, the request for epidural steroid injections is not medically necessary.