

Case Number:	CM14-0151872		
Date Assigned:	09/19/2014	Date of Injury:	08/15/2012
Decision Date:	11/06/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/17/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old male who reported injuries due to repetitive and cumulative trauma on 08/15/2012. On 05/27/2014, his diagnoses included left carpal tunnel syndrome, lumbar disc protrusion, and lumbago. It was noted that he had received a lumbar epidural steroid injection on 05/15/2014 which provided him no relief. He felt worse and complained of headaches at 4/10 to 5/10, neck and low back pain rated at 6/10, upper and mid back pain rated at 4/10. On examination of the lumbar spine, there was tenderness to palpation with guarding and spasms noted over the paravertebral region bilaterally. The recommendations included physical therapy and pain management. There was no rationale or Request for Authorization included in this injured worker's chart

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1 bilaterally: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for lumbar epidural steroid injection L5-S1 bilaterally is not medically necessary. The California MTUS Guidelines recommends epidural steroid injections as an option for treatment of radicular pain. They can offer short term pain relief, and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not effect impairments of function or the need for surgery and do not provide long term relief beyond 3 months. Among the criteria for the use of epidural steroid injections are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the condition must be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants. 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 6 to 8 weeks. There was no evidence of radiculopathy in the submitted documentation. An MRI of the lumbar spine on 07/27/2013 revealed that "the exiting nerve roots are probably not compressed or displaced". Additionally, the previously documented lumbar steroid injection gave this injured worker no relief whatsoever. The clinical information submitted failed to meet the evidence based guidelines for a repeat lumbar epidural steroid injection. Therefore, this request for Lumbar Epidural Steroid Injection L5-S1 bilaterally is not medically necessary.