

Case Number:	CM14-0153970		
Date Assigned:	09/23/2014	Date of Injury:	03/06/2014
Decision Date:	11/03/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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, and is licensed to practice in Texas and 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 21-year-old male who reported an injury due to heavy lifting on 03/06/2014. On 03/19/2014, his diagnoses included lumbago and lumbar strain. His complaints included sharp, stabbing pain to the low back which radiated to the groin. On 03/19/2014, x-rays of the lumbar spine revealed early spondylitis. X-rays of the sacrum revealed early spondylitic changes of the sacroiliac junction on the L5-S1. X-rays of the coccyx revealed slight angulation of the tip of the coccyx, considered coccydynia. His medications included Motrin, Tylenol #3, and Flexeril 10 mg. An MRI of the lumbar spine on 05/24/2014 revealed degenerative disc disease at L4-5 and L5-S1, disc bulge at L4-5 with no significant central canal narrowing or foraminal stenosis and a disc bulge at L5-S1 with no significant central canal or foraminal narrowing. In an orthopedic examination on 08/05/2014, the recommendations included epidural injections to the lower back. It was noted that this injured worker had a poor prognosis. There was no rationale included in this worker's chart. A request for authorization dated 08/28/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (LESI) X 1 on the right L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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 a lumbar epidural steroid injection (LESI) x1 on the right L4-S1 is not medically necessary. The California MTUS Guidelines recommend 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 rehabilitation efforts, including 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 affect impairments of function or the need for surgery and do not provide long term pain 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. Also, the injection should be performed using fluoroscopy for guidance. The MRI of 05/24/2014 did not corroborate a diagnosis of radiculopathy. There was no submitted documentation that this worker had failed trials of physical methods including acupuncture and/or chiropractic treatments. There was no documentation that he had been prescribed any muscle relaxants. Additionally, the request did not specify using fluoroscopy for guidance. Therefore, this request for a lumbar epidural steroid injection, (LESI) x1 on the right L4-S1 is not medically necessary.