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| Case Number: | CM15-0000995 | | |
| Date Assigned: | 01/12/2015 | Date of Injury: | 07/30/2014 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 12/01/2014 |
| Priority: | Standard | Application Received: | 01/05/2015 |

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: Preventive Medicine, Occupational 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 49-year-old male, who sustained an industrial injury on 07/30/2014. He has reported low back pain. The diagnoses have included lumbar radiculopathy, back muscle spasm, and lumbar sprain/strain. Treatment to date has included physical therapy, MRI of the lumbar spine on 10/06/2014, which showed right L3-4 intraforaminal small focal disk protrusion with evidence of impingement on the right L3 foraminal nerve root sleeve; and oral pain medications. The medical records provided for review did not include the medical report from which the request originates. The work status report dated 10/01/2014 indicates that since the last examination, the injured worker's condition had worsened. Objective findings were not included. On 12/01/2014, Utilization Review (UR) non-certified the request for an L3-L4 epidural injection, noting that there was no documentation of physical signs of L3-4 radiculopathy, no documentation of a femoral stretch test which corresponds to L3-4 distribution, and no documentation of lumbar MRI findings. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection at L3-L4: 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 section Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. The medical records do not provide evidence that the injured worker meets the criteria that would warrant an ESI within the recommendations of the MTUS Guidelines. The request for Epidural injection at L3-L4 is determined to not be medically necessary.