

Case Number:	CM15-0101767		
Date Assigned:	06/04/2015	Date of Injury:	12/02/2013
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 44 year old male, who sustained an industrial injury on December 2, 2013. He reported a back injury. The injured worker was diagnosed as having lumbar radiculopathy, lumbago, degeneration of thoracic or lumbar intervertebral disc, and sciatica. On January 6, 2014, an MRI of the lumbar spine revealed lumbar 3-4 mild foraminal stenosis. At lumbar 4-5 there is protrusion/extrusion, effacement of the thecal sac, and mild -moderate left foraminal stenosis. At lumbar 5-sacral 1 there is grade 1 (2-3mm) listhesis, extrusion (8x5x4mm), contact of right sacral 1, and moderate foraminal stenosis. Treatment to date has included chiropractic therapy, trigger point injections, physical therapy, and medications including topical pain, muscle relaxant, and non-steroidal anti-inflammatory. On April 27, 2015x, the injured worker complains of neck pain radiating to the occiput, bilateral shoulders, and thoracic spine. Associated symptoms include numbness and tingling of the medial right arm and hand. He complains of right low back pain with right leg radiation. The physical exam revealed normal sensation, tenderness to palpation of the back, full range of motion, negative bilateral straight leg raises and Patrick's, negative bilateral Faber's and Gaenslen's tests, and normal reflexes. The treatment plan includes right lumbar 4, lumbar 5, and sacral 1 transforaminal epidural steroid injection. The patient sustained the injury due to slip and fall incident Patient has received an unspecified number of chiropractic and PT visits for this injury The patient had received cervical ESI in 11/2014 for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4, L5, S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Epidural steroid injections (ESIs), page 46.

Decision rationale: Request: Right L4, L5, S1 transforaminal epidural steroid injection. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are; "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided.

Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Right L4, L5, S1 transforaminal epidural steroid injection is not fully established for this patient.