

Case Number:	CM15-0101809		
Date Assigned:	06/04/2015	Date of Injury:	05/01/2013
Decision Date:	07/09/2015	UR Denial Date:	04/28/2015
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 52 year old male, who sustained an industrial injury on 5/1/13. He reported pain in his lower back and right knee after being struck by a heavy object. The injured worker was diagnosed as having moderate right L5 and mild S1 radiculopathy and chronic myofascial pain syndrome. Treatment to date has included trigger point injections, physical therapy, and EMG study on 11/7/14 showing moderate right L5 and mild S1 radiculopathy and oral pain medications. As of the PR2 dated 4/17/15, the injured worker reports 6-7/10 pain in the upper and lower back with numbness in LE. Objective findings include restricted range of motion in all planes of the thoracic and lumbar spine and inability to perform heel-toe gait with the right leg/foot. He was unable to perform heel and toe walk and was using crutches for ambulation and decreased sensation in the right foot. The treating physician requested a lumbar epidural steroid injection at L4-L5 and L5-S1. The medication list includes Naproxen, omeprazole, Wellbutrin, and Tramadol. Patient has received an unspecified number of PT visits for this injury. The patient was certified for 12 PT visits for this injury. The patient has had EMG study on 11/7/14 that revealed right L5- S1 radiculopathy. The patient has had MRI of the lumbar spine on 10/29/14 that revealed disc bulge with foraminal narrowing, degenerative changes and facet hypertrophy. The patient sustained the injury due to cumulative trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L4/L5 and L5/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 Chronic Pain - Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Request: Lumbar epidural steroid injection L4/L5 and L5/S1. 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). 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 (including anticonvulsants) was not specified in the records provided. With this, it is deemed that the medical necessity of request for Lumbar epidural steroid injection L4/L5 and L5/S1 is not fully established for this patient.