

Case Number:	CM15-0101929		
Date Assigned:	06/04/2015	Date of Injury:	08/27/2014
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
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: 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 44-year-old male who reported an industrial injury on 8/27/2014. His diagnoses, and/or impressions, are noted to include lumbar strain with probable lumbar disc herniation; lumbar disc bulge with minimal disc compression; lumbar disc bulge with disc compression and radicular symptoms to the right thigh; lumbar herniated nucleus pulposus; lumbar radiculopathy; and chronic low back pain. Recent magnetic imaging studies of the lumbar spine were noted on 11/13/2014, showing early degenerative changes without significant central canal or neuro-foraminal stenosis at any level. His treatments have included physical therapy - ineffective; home exercise program, which was discontinued after physical therapy, was re-started following the 1st series of lumbar epidural steroid injection (ESI) therapy on 3/30/2015 with significant improvement in pain and functionality; medication management; and modified work duties. The pain management progress notes of 2/26/2015 reported the initial evaluation of and the with review of medical history and diagnostic studies for this injured worker; complaints of constant, moderate, radiating low back pain to the bilateral lower extremities, associated with numbness/tingling in the thighs, left > right, aggravated by activities, and relieved minimally by anti-inflammatory medications. He reported that physical therapy worsened and increased his pain/symptoms prior to lumbar ESI; and that this visit was to evaluate him for recommended lumbar epidural steroid injection therapy. Objective findings were noted to include mild obesity; moderate discomfort with the inability to maintain a seated position, frequently changing positions; a slowed and mildly antalgic gait, without an assistive device; moderate bilateral lumbar para-spinal musculature of the lumbar spine with severely limited range-of-motion; weakness with knee extension; diminished sensation over the left thigh;

with positive left straight leg raise; and resulting in the 1st series of lumbar epidural steroid injections. The progress notes of 4/21/2015 noted the return of his pain and symptoms that were made better by rest, medications, and epidural steroid injections; requesting a 2nd series of lumbar epidural steroid injections. The physician's requests for treatments were noted to include a 2nd series of lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection, Lumbar L2-L3 (to be performed by Pain Mgmt Spec, M Moon MD (MPN) #2 in series for 2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 electro diagnostic 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 injured worker had a previous lumbar ESI at L2-L3 on 3/30/15 with documented pain relief and improvement in function. The subjective pain relief was not quantified in the available documentation and the improvement in function was not described in the history, or identified in the examination. Additionally, the injured worker had increased pain after the effects of the ESI wore off. There is no objective evidence of radiculopathy to corroborate the subjective complaints. The request for Epidural steroid injection, Lumbar L2-L3 (to be performed by Pain Mgmt Spec, M Moon MD (MPN) #2 in series for 2015) is not medically necessary.