

Case Number:	CM15-0102292		
Date Assigned:	06/04/2015	Date of Injury:	08/15/2013
Decision Date:	07/03/2015	UR Denial Date:	05/21/2015
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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 40-year-old male sustained an industrial injury to the lumbar spine on 8/15/13. Previous treatment included magnetic resonance imaging, epidural steroid injections and medications. Magnetic resonance imaging lumbar spine showed disc bulges at L4-5 and L5-S1. In a PR-2 dated 5/7/15, the injured worker complained of constant moderate low back pain with radiation to the buttocks and occasionally down the back of the right leg. The injured worker reported being able to sit and stand for one hour and walk for two hours before pain the intensity increased. The injured worker reported receiving some relief from epidural steroid injection at L4-5 on 3/25/15, which lasted for approximately six weeks. Physical exam was remarkable for tenderness to palpation over bilateral L5-S1 facets with decreased and painful range of motion, diminished deep tendon reflexes and positive right straight leg raise. The injured worker could perform heel and toe walk. Current diagnoses included lumbar spine sprain/strain, decreased lumbar lordosis and lumbar spine disc protrusion. The treatment plan included a second diagnostic phase epidural steroid injection at L5-S1 due to lack of significant long-term relief at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the patient has radicular symptoms, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Although it was noted the patient had some non-specified relief, submitted reports are unclear with level of pain relief or benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased functional status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Lumbar ESI at L5-S1 is not medically necessary.