

Case Number:	CM15-0102356		
Date Assigned:	06/04/2015	Date of Injury:	10/01/2011
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
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, Hawaii
 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 35 year old male sustained an industrial injury on 10/01/11. He subsequently reported groin strain and low back pain. Diagnoses include cervical, lumbar and thoracic strain. Treatments to date include x-ray and MRI testing, acupuncture and prescription pain medications. The injured worker continues to experience low back pain that radiates to the lower extremity. Upon examination, there was reduced lumbar range of motion. Spasm and guarding was noted in the lumbar spine. A request for Lumbar epidural steroid injection at L4-L5, each additional level times 2, and lumbar epidurogram under fluoroscopy guidance and IV sedation was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5, each additional level times 2, and lumbar epidurogram under fluoroscopy guidance and IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
 Page(s): 46.

Decision rationale: The patient presents with pain affecting the low back with radiation to the right lower extremity. The current request is for Lumbar epidural injection at L4-L5, each additional level times 2, and lumbar epidurogram under fluoroscopy guidance and IV sedation. The treating physician report dated 5/14/15 (67B) states, "We will request for bilateral LESI at L4-5, as the patient does report pain, numbness and tingling radiation down his legs. Should LESI fail, we may consider diagnostic facet injections". MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)". Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. MTUS guidelines further state, "No more than one interlaminar level should be injected at one session". 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, with a general recommendation of no more than 4 blocks per region per year". The medical reports provided, do not show that the patient has received a previous ESI at the L4-5, or any additional level. While the report dated 5/14/15 (67B) notes that an MRI showed neuroforaminal narrowing at L5-S1, there was no further discussion or evidence of significant findings at any other level. In this case, while the patient presents with low back pain that radiates down to the right lower extremity, the diagnosis of radiculopathy is not corroborated by imaging studies for the levels requested. Furthermore, the treating physician's current request for a LESI at all levels is not supported by the MTUS guidelines, as only one interlaminar level should be injected at one session. Additionally, the current request for 2 injections per level is not supported as continued documented functional improvement must be provided before repeat injections are recommended. The current request does not satisfy the MTUS guidelines as outlined on page 46. The current request is not medically necessary.