

Case Number:	CM15-0131648		
Date Assigned:	07/17/2015	Date of Injury:	08/30/2013
Decision Date:	08/19/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/07/2015

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 was a 52-year-old female, who sustained an industrial injury, August 30, 2013. The injured worker previously received the following treatments physical therapy, TENS (transcutaneous electrical nerve stimulator) unit, chiropractic services for the lumbar spine, Naproxen and random toxicology laboratory studies were negative for any unexpected findings on December 19, 2014. The injured worker was diagnosed with lumbar disc protrusion at L4-L5 level with right lumbar radiculopathy, dorsal subluxation of the distal ulnar and right wrist strain. According to progress note of May 19, 2015, the injured worker's chief complaint was severe low back. The physical exam noted diffuse tenderness throughout the thoracolumbar spine, particularly the lower lumbar area. The range of motion demonstrated the forward bends of 40 degrees, extension was 10 degrees. The straight leg raises were positive bilaterally. The treatment plan included a request for trial epidural injections. According to the progress note of March 12, 2015, the injured worker rated the low back pain at 6 out of 10 and the right wrist at 7 out of 10. The patient has had MRI of the lumbar spine on 5/27/14 that revealed disc protrusions, central canal stenosis, and degenerative changes. Per the note dated 6/18/15, the patient had complaints of low back pain with right lower extremity symptom at 7/10. Physical examination of the low back revealed limited range of motion, positive SLR and multiple trigger points, 4/5 strength and decreased sensation in the right foot. The medication list includes Hydrocodone and Naproxen. Patient had received trigger point injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Lumbar Epidurals Injections: 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 Chronic Pain - Epidural steroid injections (ESIs), page 46.

Decision rationale: Request Trial of Lumbar Epidurals Injections. 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 electro diagnostic 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 Trial of Lumbar Epidurals. Injections are not fully established for this patient. Therefore, the request is not medically necessary.