

Case Number:	CM15-0133132		
Date Assigned:	07/21/2015	Date of Injury:	04/14/1982
Decision Date:	08/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/09/2015

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:

This 66-year-old male sustained an industrial injury to the low back on 4/14/82. Previous treatment included physical therapy, epidural steroid injections and medications. Magnetic resonance imaging lumbar spine (8/14/12) showed intervertebral disc disease and degenerative changes of the lumbar spine with annular tears and central canal stenosis. In a PR-2 dated 2/5/15, the injured worker complained of low back pain rated 9/10 on the visual analog scale. In a PR-2 dated 5/14/15, the injured worker complained of pain to the lumbar spine rated 6/10. The physician noted that the injured worker's last lumbar epidural steroid injection on 4/7/2014 had provided 90% pain relief for close to a year. In a PR-2 dated 6/15/15, the injured worker complained of low back pain rated 6/10 on the visual analog scale with radiation to the right leg associated with weakness of bilateral lower extremities. Physical exam was remarkable for decreased lumbar spine range of motion with guarding. The physician noted that the injured worker ambulated with a safe gait. Current diagnoses included lumbar disc disease with retrolisthesis and stenosis, bilateral lumbar spine radiculopathy and intractable pain. The treatment plan included requesting a lumbar epidural steroid injection, decreasing Percocet and renewing Flector patch and Neurontin. The patient had received an unspecified number of the PT visits for this injury. The medication list include Percocet, Gabapentin and Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (levels unknown): 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 Chronic Pain - Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Request Lumbar epidural steroid injection (levels unknown)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. The patient had received ESI on 4/7/14Per the cited guidelines, "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," Evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs was not specified in the records provided . Evidence of associated reduction of medication use, after the previous ESI, was not specified in the records provided. 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 Lumbar epidural steroid injection (levels unknown) is not fully established for this patient.