

Case Number:	CM15-0135011		
Date Assigned:	07/23/2015	Date of Injury:	06/25/2012
Decision Date:	08/20/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/13/2015

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:

This 60 year-old male sustained an industrial injury on 6/25/12. He subsequently reported low back pain. Diagnoses included lumbar degenerative disc disease status post spinal fusions L3-S1, spondylolisthesis L2-3, spinal stenosis at L2-3 and lumbar post-laminectomy syndrome. In March 2015 he had lumbar epidural steroid injections at L2-3 with 70% relief of pain on the right side and 11 days of dramatic relief on the left side. Other treatments to date included nerve conduction and MRI testing, spinal surgeries, physical therapy and medications. Recent physical therapy improved patients mobility by 60%. The most recent provider's progress note dated 6/17/2015 annotated that the injured worker continued to experience low back pain and spasms at the lumbosacral junction and over PSIS and sciatic joint distribution. There was no documentation of an examination. Imaging tests were reviewed and recommendations for further injections and surgery were made. An earlier provider's note dated 4/24/2015 annotated persistent left-sided 5/10 lumbar back pain. Exam showed antalgic gait and normal lower extremity motor and sensory exam. The request under review is for an ESI (Epidural steroid injection) Lumbar L2-L3.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI (Epidural steroid injection) Lumbar L2-L3: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 309-10, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Chronic Regional Pain Syndrome (sympathetic and epidural blocks) Page(s): 39-40, 46.

Decision based on Non-MTUS Citation American Society of Interventional Pain Physician: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations Source: <http://www.guideline.gov/content.aspx?id=45379#Section420>.

Decision rationale: The best medical evidence today for individuals with low back pain indicates that having the patient return to normal activities provides the best outcomes. Therapy should be guided, therefore, with modalities which will allow this outcome. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. The American Society of Interventional Pain Physicians found only limited evidence for therapeutic epidural steroid injections to treat post laminectomy syndrome and fair evidence to treat spinal stenosis. As per the MTUS the present recommendation is for no more than 2 epidural injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short term relief of symptoms as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. In the documented care for this patient these criteria are not met even though a prior lumbar epidural steroid inject gave some short term symptom relief. The imaging studies do show an abnormality consistent with the criteria, but the exam is not compatible, nor are there electrodiagnostic studies to support the radicular nature of the patient's pain. There is also no documentation that the patient is unresponsive to conservative therapy. The current medications are controlling pain and physical therapy has improved mobility. At this point in the care of this patient medical necessity for this procedure has not been established. Therefore, the request is not medically necessary.