

Case Number:	CM15-0137590		
Date Assigned:	07/27/2015	Date of Injury:	12/08/2014
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/16/2015

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:

The injured worker is a 61 year old male who sustained an industrial injury on 12/8/14 when he lifted a concrete table and felt a sharp pain in the left low back/ hip area and left hamstring (per Utilization review). He currently complains of bilateral low back pain with pain radiating to both legs. On physical exam of the lumbar spine there was tenderness to palpation of lumbar paraspinals bilaterally, spasms, positive straight leg raise bilaterally supine, decreased range of motion; he had tingling and numbness in the L3-4 nerve distribution. He is currently working with modified duty. Medications were Ultram, Robaxin. Diagnosis was low back pain. Treatments to date include epidural steroid injection L5-S1; medication; physical therapy with no improvement. Diagnostics include MRI of the lumbar spine (2015) herniated disc L4-5. In the progress note dated 6/9/15, the treating provider's plan of care includes a request for second epidural steroid injection L4-5 (per 3/3/15 note).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient 2nd epidural injection to L4-5 level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, the injured worker had a previous ESI, however, there is no evidence of significant pain relief for a sustained period or an increase in function. The request for outpatient 2nd epidural injection to L4-5 level is determined to not be medically necessary.