

Case Number:	CM15-0139115		
Date Assigned:	07/29/2015	Date of Injury:	04/28/2005
Decision Date:	09/22/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male who sustained a work related injury April 28, 2005. According to a primary treating physician's progress report, dated June 3, 2015, the injured worker presented with lower back pain, rated 4 out of 10, and bilateral right greater than left leg pain and numbness. He is being seen for pain management and his pain levels have not changed since the last visit. Lumbar epidural steroid injections have helped his lower back pain. Current medication included Norco, Zanaflex, Neurontin, Relafen, Ambien, and Prilosec. The physician noted; electrodiagnostic studies (not dated) revealed right L5 and S1 radiculopathy and an MRI with contrast performed December 19, 2013 show sequestered disc fragment central to right at L4-5. Objective findings included; 6'4" and 230 pounds; tenderness over the iliolumbar and superior trapezius; iliolumbar, bilateral, right greater than left, sacroiliac tenderness on flexion at the waist to knee and extension. Diagnoses are chronic pain syndrome; lumbago; lumbar degenerative disc disease, lumbar nerve root impingement. At issue, is the request for authorization for a lumbar epidural steroid injection at right L4-L5.

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 right L4-L5: 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 Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The claimant has a remote history of a work-related injury in April 2005 and is being treated for low back pain with right greater than left lower extremity radicular symptoms. A lumbar epidural steroid injection is referenced as providing relief of low back pain. An MRI of the lumbar spine in December 2013 included findings of a sequestered L4/5 disc fragment and electrodiagnostic testing confirmed right L5 and S1 radiculopathy. When seen, his BMI was over 27. There was iliolumbar and upper trapezius tenderness. There was tenderness with lumbar flexion and extension over the iliolumbar region and bilateral sacroiliac joints. A lumbar epidural steroid injection is being requested. On 02/11/15 a right L4/5 interlaminar epidural steroid injection was performed. One month later he was having bilateral numbness and tingling to the feet. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless there is a question of the pain generator, there was possibility of inaccurate placement, or there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the claimant's response to the first injection is not documented in terms of degree and duration of pain relief following the first injection. The claimant was having increasing radicular symptoms one month after the epidural steroid injection in February 2015. When requested there were no physical examination findings that support a diagnosis of radiculopathy. The requested repeat lumbar epidural steroid injection was not medically necessary.