MAXIMUS Federal Services

Case Number:	CM15-0140018		
Date Assigned:	07/29/2015	Date of Injury:	12/30/2013
Decision Date:	08/26/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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: Physical Medicine & Rehabilitation

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 30 year old female, who sustained an industrial injury, December 30, 2013. The injured worker was assisting new employees with uniforms. The boxes of uniforms were behind some boxes of metal equipment. While moving boxes, the injured worker was bending forward, pushing, pulling and pulling lifting and moving heavy boxes when the injured worker felt a sharp pain in the low back. The injured worker previously received the following treatments lumbar spine x-rays, lumbar spine MRI which showed herniated disc at L5-S1, epidural steroid injection which only gave temporary relief with minimal benefit, physical therapy, work restrictions, Lyrica, Naproxen and back brace. The injured worker was diagnosed with lumbar disc displacement without myelopathy, pain in the limb and lumbosacral radiculopathy. According to progress note of June 26, 2015, the injured worker's chief complaint was lumbar spine pain. The pain was increased by prolonged standing, walking and driving. The injured worker was not wearing the back brace. The physical exam noted the injured worker walked with a slight antalgic gait favoring the right side. There was slight tenderness with palpation over the spinous processes at L3-S1. There was slight tenderness to palpation and spams over the lumbar paravertebral musculatures. There was slight tenderness to palpation over the sacroiliac joints bilaterally. There was decreased range of motion in the lumbar spine, flexion of 42 degrees, extension of 20 degrees and left lateral bending of 22 degrees. The straight leg raises were positive bilaterally. The treatment plan included a request for epidural steroid injection of L5-S1, prescriptions for Tramadol and a renewal for Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the patient has radicular symptoms of such, to repeat a LESI in the therapeutic phase, 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, not demonstrated here with only temporary minimal benefit. Submitted reports are unclear with level of pain relief and duration of benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased functional status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Lumbar Epidural Steroid Injection L5-S1 is not medically necessary and appropriate.