

Case Number:	CM15-0141461		
Date Assigned:	07/31/2015	Date of Injury:	08/29/2013
Decision Date:	09/03/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/21/2015

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 is a 39 year old male patient who sustained an injury on August 29, 2013 date of injury. The current diagnoses include lumbar spine disc protrusion. He sustained the injury while lifting a heavy package. Per the progress note dated May 18, 2015 he had complaints of lower back pain rated at a level of 7 out of 10 with no radicular symptoms in the legs; mid back pain rated at a level of 7 out of 10 associated with weakness, giving way, and locking in the back; pain radiates to the left hip. The physical examination revealed tenderness to palpation of the lumbar spine; negative straight leg raising test and normal neurovascular examination. The medications list includes naproxen and Tramadol. He has had lumbar epidural steroid injection at L5-S1 on 4/2/2015. He has had lumbar MRI dated 2/24/2014 which revealed 4 mm disc bulge at L5-S1 with marginal osteophyte complex without neuroforaminal compromise and without central canal stenosis; thoracic MRI dated 7/9/2014. Treatments to date have included physical therapy, chiropractic treatment, acupuncture for the lumbar spine which provided relief, stretching, exercise. The treating physician documented a plan of care that included a second lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, 2nd: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: Lumbar Epidural Steroid Injection, 2nd. 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 electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 7) 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, with a general recommendation of no more than 4 blocks per region per year. Per the progress note dated May 18, 2015 he had complaints of lower back pain rated at a level of 7 out of 10 with no radicular symptoms in the legs and physical examination revealed negative straight leg raising test and normal neurovascular examination. Per the records provided, he has had Magnetic resonance imaging of the lumbar spine dated 2/24/2014 which revealed 4 mm disc bulge at L5-S1 with marginal osteophyte complex without neuroforaminal compromise and without central canal stenosis. Unequivocal evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing is 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. Patient had lumbar epidural steroid injection at L5-S1 on 4/2/2015. Documented evidence of functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks with previous lumbar epidural steroid injection is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Lumbar Epidural Steroid Injection, 2nd is not fully established for this patient.