

Case Number:	CM15-0141714		
Date Assigned:	07/31/2015	Date of Injury:	11/22/2011
Decision Date:	08/28/2015	UR Denial Date:	07/15/2015
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: Connecticut, California, Virginia
 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 35 year old male, who sustained an industrial injury on 11-22-2011. The mechanism of injury was lifting a heavy furnace. The injured worker was diagnosed as having lumbosacral spondylosis, sacroilitis, lumbar disc displacement, myalgia and myositis. There is no record of a recent diagnostic study. Treatment to date has included acupuncture, therapy and medication management. In a progress note dated 7-9-2015, the injured worker complains of low back pain and left leg pain. Physical examination showed palpable taut bands and spasm in the lower back. The treating physician is requesting left lumbosacral epidural steroid injections at lumbar 4-5, lumbar 5-sacral 1 and sacral 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbosacral Epidural Steroid Injections, L4-L5, L5-S1 & 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 (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Epidural Steroid Injections (ESIs), therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: Per the MTUS Chronic Pain Guidelines (page 46), most current guidelines recommend no more than 2 epidural steroid injections. In order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The record indicates that a prior injection resulted in good relief, which is encouraging, as if epidural injections are to be utilized as a therapeutic modality, no more than two injections are recommended, and repeat injections 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. The MTUS clearly states that 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. In this case, injections may be warranted, but three injections exceed the recommendations, and more clear description of objective radiculopathy should be included and injections should likely be narrowed to the two most likely contributing regions. Therefore, given the recommendations for epidural steroid injections as written in the MTUS guidelines, the request for an additional epidural steroid injections at this time is not medically necessary.