

Case Number:	CM15-0143988		
Date Assigned:	08/04/2015	Date of Injury:	07/24/2014
Decision Date:	08/31/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/24/2015

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: Arizona, 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:

The injured worker is a 47 year old male, who sustained an industrial injury on 7-24-14 Initial complaints were not reviewed. The injured worker was diagnosed as having low back pain; thoracic pain; sprains-strains lumbar region; sprains-strains thoracic region. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (5-26-15); X-rays lumbar spine (7-24-14). Currently, the PR-2 notes dated 6-30-15 indicated the injured worker complains of head, neck, upper-mid and lower back, bilateral shoulders, bilateral arms type pain. He was given a hernia support brace, back brace, and has had physical therapy. His right hernia repair was performed on 12-22-14 and paid by his private insurance. After the right inguinal surgery, the left inguinal hernia decreased significantly. He continues with low back and mid back pain as well as periodic left groin pain. This provider documents the injured worker has been prescribed Norco since 2009 by his primary care doctor. He was also examined by a spine surgeon and offered cervical spine surgery when his pain becomes intractable. He has had period neck and upper back pain and has had physical therapy. The physical examination of the lumbar spine is documented by this provider as lumbar spine reveals no tenderness to palpation over the paraspinal muscles or thoracic paraspinal muscles. The lumbar spine range of motion reveals flexion at 30-60 degrees, extension at 0 to 25 degrees, right lateral bend at 5 to 25 degrees and left lateral bend at 5 to 25 degrees. There is facet-loading pain and the straight leg raise test and Patrick test are negative bilaterally. The bilateral lower extremities reveal pitting edema bilaterally. The abdominal examination reveals no tenderness to palpation over the groin and there is a noted 10cm horizontal suprapubic scar. There is difficulty with deep inguinal

palpation with cough and Valsalva due to body habitus issues. The injured worker has left groin pain at the end of the examination. Deep tendon reflexes are 2 over 4 in the bilateral knees and 1 over 4 in the bilateral ankles. Babinski and Clonus signs are both absent. Sensory examination to light touch in the bilateral lower extremities is intact. The MRI of the lumbar spine reported on 5-26-15 impression reveals a L4-L5 slight retrolisthesis of L4 with moderate to severe left and moderate right foraminal stenosis with abutment of the exiting L4 nerve roots, left greater than right. The X-rays reported on 7-24-14 of the lumbar spine note multilevel degenerative changes with no acute findings seen. The provider is requesting authorization of lumbar epidural steroid injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI at L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: 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. 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). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant had good pain score reduction with medications. The ACOEM guidelines do not recommended ESI due to their short-term benefit. As a result, the request for the ESI is not medically necessary.