

Case Number:	CM15-0145177		
Date Assigned:	08/06/2015	Date of Injury:	06/26/2012
Decision Date:	09/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/27/2015

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 is a 43 year old male, who sustained an industrial injury on June 26, 2012. He reported an injury to his back. The injured worker was currently diagnosed as having 3 mm herniated nucleus pulposus of the lumbar spine with right-sided radiculopathy and 2-3 mm posterior disc bulge at L3-L4. Treatment to date has included diagnostic studies, lumbar spine epidural steroid injection, medication, physical therapy, and chiropractic treatment. A prior lumbar spine epidural steroid injection provided 80% relief for two weeks and then 60% sustained relief with reduction in pain medication. Chiropractic care was noted to provide benefit. On July 22, 2015, the injured worker complained of lower back pain with numbness and tingling radiating into his right anterior thigh region. His pain was rated as a 7 on a 1-10 pain scale. His low back pain is exacerbated with prolonged driving, sitting, standing and walking. His Norco medication relieves the pain and allows him to continue working. His medication takes his pain down to a 5-6 on the pain scale. The treatment plan included lumbar spine corticosteroids, chiropractic care, medications and a follow-up visit. On July 23, 2015 Utilization Review non-certified the request for lumbar epidural corticosteroid injection targeting L4, L5 and S1 on the right with fluoroscopy, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural corticosteroid injection targeting with fluoroscopy at right L4, L5, and S1: Overturned

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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The 43 year old patient complains of pain in the lower back, rated at 7/10, with pain, numbness and tingling radiating to the right anterior thigh region, as per progress report dated 07/22/15. The request is for LUMBAR EPIDURAL CORTICOSTEROID INJECTION TARGETING WITH FLUROSCOPY AT RIGHT L4, L5, and S1. The RFA for this case is dated 06/30/15, and the patient's date of injury is 06/26/12. Diagnoses, as per progress report dated 07/22/15, included HNP of the lumbar spine with right-sided radiculopathy, posterior disc bulge with compromise of the exiting nerve roots bilaterally and arthritic changes at facet joints bilaterally at L3-4, L4-5 and L5-S1, as per MRI dated 07/23/14. Requested medications included Norco, Celebrex and Neurontin. The patient is working full time, as per the same progress report. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs) page 46 states these are Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The MTUS Criteria for the use of Epidural steroid injections states: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; and 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. In this case, the patient has already received lumbar ESI twice in the past, as per operative reports dated 11/12/13 and 06/16/15. In progress report dated 04/28/15, the treater states that the 11/12/13 ESI led to 80% pain relief for the first two weeks and then 60% of sustained pain relief thereafter. As per progress report dated 07/11/15, the patient reported 70% sustained pain relief from the 06/16/15 ESI which lasted for six weeks before returning to the baseline level. This procedure has benefited the patient more than any other treatment modality. In the report, the treater states that the patient noted improvement with walking, standing and sitting which enabled him to continue working his usual and customary duties. He also reported improvement in sleep as well as medication reduction. The physician is requesting for a repeat injection as the patient continues to suffer from radiating pain and exhibits positive neurotension signs. MTUS allows for repeat injections in patients with objective pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Given the documented impact of ESI on pain and function, the request IS medically necessary.