

Case Number:	CM15-0146034		
Date Assigned:	08/06/2015	Date of Injury:	02/22/2012
Decision Date:	09/04/2015	UR Denial Date:	07/15/2015
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: 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 55 year old female who sustained an industrial injury on 2-22-12. She had complaints of back pain. She was diagnosed with a T-12 vertebral compression fracture and right sided L5-S1 radiculopathy. Lumbar MRI (2-25-2105) showed T-12 compression fracture and mild lumbar degenerative disc changes without neural compromise/impingement. Treatment has included physical therapy, chiropractic therapy and medications. Progress report dated 8-4-15 reported continued complaint of low back pain that radiates down the right side. Exam showed restricted lumbar range of motion, positive straight leg raise test on the right side and normal motor, reflex and sensory exams of the lower extremities. Work status: temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: 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): 288, 309-10, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs),

Chronic Regional Pain Syndrome (sympathetic and epidural blocks) Page(s): 39-40, 46.
Decision based on Non-MTUS Citation American Society of Interventional Pain Physician:
Comprehensive evidence-based guidelines for interventional techniques in chronic spinal
pain. Part II: guidance and recommendations.

Decision rationale: The best medical evidence today for individuals with low back pain indicates that having the patient return to normal activities provides the best outcomes. Therapy should be guided, therefore, with modalities, which will allow this outcome. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS the present recommendation is for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short-term relief of symptoms as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. In the documented care for this patient, these criteria are not met. The patient does have a history suggestive of a lumbar radiculopathy and conservative care has not been successful at controlling her symptoms but the diagnosis of radiculopathy is not supported by the examination nor corroborated by the recent lumbar MRI imaging study. The request is not medically necessary.