

Case Number:	CM15-0149378		
Date Assigned:	08/12/2015	Date of Injury:	07/24/2014
Decision Date:	09/10/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/31/2015

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:

This 53 year old male sustained an industrial injury to the low back via cumulative trauma from 6-1986 to 7-24-2014. Previous treatment included physical therapy, epidural steroid injections and medications. In a PR-2 dated 6-18-15, the injured worker complained of persistent, severe low back pain with radiation to the right lower extremity. Physical exam was remarkable for lumbar spine with normal lumbar lordosis, slight tenderness to palpation in the paraspinal musculature without spasms, decreased range of motion with increased pain and straight leg raise to 50 degrees bilaterally without low back pain, 5 out of 5 lower extremity strength bilaterally with intact deep tendon reflexes and sensation and bilateral hips with decreased range of motion. X-rays of the lumbar spine (1-15-15) showed moderated degenerative disc disease at L5-S1 without acute abnormalities. Magnetic resonance imaging lumbar spine (2-16-15) showed a loss of disc height at L5-S1 with spondylolisthesis and broad based disc protrusion, mild bilateral facet arthropathy and mild left neuroforaminal narrowing with slight contact with the exiting left L5 nerve root mild loss of disc height at L4-5 with broad based disc protrusion extending to the foraminal regions and mild to moderate facet arthropathy and mild bilateral neuroforaminal narrowing. Current diagnoses included lumbar spine sprain and strain, lumbar spine degenerative disc disease, lumbar disc protrusion and lumbar spine radiculitis. The physician noted that the injured worker had previous lumbar spine epidural steroid injections and had benefitted from this treatment. The treatment plan included a series of two lumbar spine epidural steroid injections at L4-5 under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection at L4-5 under Fluoroscopic Guidance under IV sedation (series of 2): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46.

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing 2) Initially unresponsive to conservative treatment 3) Injections should be performed using fluoroscopy for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block 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 8) No more than 2 ESI injections. In this case, although there is a subjective complaint of radiculopathy, it is not supported by physical examination or imaging studies. The request for Lumbar Epidural Injection at L4-5 under Fluoroscopic Guidance under IV sedation (series of 2) is determined to not be medically necessary.