

Case Number:	CM15-0160490		
Date Assigned:	08/26/2015	Date of Injury:	09/05/2014
Decision Date:	09/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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, Hawaii
 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 44-year-old male, who sustained an industrial injury on 9-5-2014. The mechanism of injury was from lifting. The injured worker was diagnosed as having neck sprain-strain and sacral nerve root injury. Lumbar magnetic resonance imaging showed posterior disc protrusion and facet arthropathy. Treatment to date has included physical therapy and medication management. In a progress note dated 7-15-2015, the injured worker complains of low back pain radiating down the left lower extremity rated 5 out of 10 and pain in the neck and arms. Physical examination was not provided. The treating physician is requesting lumbar epidural steroid injection.

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 Epidural steroid injections (ESIs).

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

Decision rationale: The patient presents with diagnoses including neck sprain-strain and sacral nerve root injury. A lumbar MRI showed posterior disc protrusion and facet arthropathy. The patient currently complains of low back pain radiating down the left lower extremity and pain in the neck and arms. An EMG/NCV revealed severe left S1 radiculopathy. The current request is for a lumbar epidural steroid injection. The treating physician states in the treating report dated 7/15/15 (81b), "Pt states he feels worse. Pain in back radiating down LLE. Cannot sleep at night. Also c/o pain in neck and arms and HAs. Had EMB/NCV UEs and had QME done last week." The treating report includes an RFA with the same date (83B). The RFA listed "ESI L Spine (per [REDACTED] QME)" under the diagnosis "Injury, sacral nerve roots/spinal plexus." MTUS Guidelines support the usage of ESI for the treatment of radicular pain that must be documented in physical examination and corroborated by diagnostic imaging - testing. Additionally, the radicular pain should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Finally, 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. MTUS specifies that no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. In this case, based upon the clinical history provided the patient may meet the MTUS criteria for approval of the requested treatment. However, the request failed to document the root levels desired so a complete evaluation of medical necessity could not be completed. MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing however; the root level must be specified. The current request is not medically necessary.