

Case Number:	CM15-0162210		
Date Assigned:	08/28/2015	Date of Injury:	08/15/2013
Decision Date:	09/30/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 43-year-old male who sustained an industrial injury on 08-15-2013. Diagnoses include lumbar spine disc protrusion. Treatment to date has included medications, chiropractic treatment, epidural steroid injection (ESI) and home exercise program. The notes dated 7-6-2015 stated the ESI he received in 2014 provided one week of pain relief. According to the Supplemental Report dated 6-8-2015, the IW (injured worker) reported feeling the same: he complained of low back pain rated 8 out of 10, with weakness, numbness and giving way in the left leg and occasionally the right leg. On examination, there was tenderness to palpation over the bilateral sciatic notches, worse on the left. Straight leg raise was positive on the left. The neurovascular exam was normal and no neurological deficits were noted in the bilateral lower extremities. MRI of the lumbar spine on 11-14-2014 showed multilevel spondylosis, most pronounced at L4-5, where there was a 1 to 2 mm broad-based disc bulge and narrowing of the bilateral subarticular recesses and the bilateral neural foramen. A request was made for lumbar epidural steroid injection with fluoroscopic guidance at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection with Fluoroscopic Guidance at L4-L5 and L5-S1:

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 Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work injury in August 2013 and is being treated for back pain with lower extremity radiating symptoms. On 07/06/15 there had been one week of pain relief after an epidural injection the year before. Surgery was being recommended and he wanted to try another epidural injection prior to considering surgery. When seen he was having worsening low back pain. He was having radiating symptoms into the lower extremities worse on the left side. An MRI of the lumbar spine in November 2014 included findings of an L4-5 left lateralized disc bulge with left lateralized foraminal narrowing. Physical examination findings included positive left straight leg raising. There was sacroiliac joint tenderness. A second epidural injection was requested. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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. In this case, the degree of pain relief from the previous injection is not documented and the duration of relief was for only one week. The requested repeat lumbar epidural steroid injection was not medically necessary.