

Case Number:	CM15-0162846		
Date Assigned:	08/21/2015	Date of Injury:	03/13/2013
Decision Date:	09/30/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/19/2015

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 59 year old male who sustained an industrial injury on 3-13-13 (pain management note dated 7-16-15 lists injury date as 3-31-13) from a slip and fall injuring his back. He had a prior history of bilateral knee injury as is currently being treated for this as well. He currently complains of constant low back pain with a pain level of 8 out of 10; constant right (6 out of 10) and occasional left knee pain (5 out of 10) with popping, clicking, grinding, giving way and locking of both knees. On physical exam of the lumbar spine there were multiple trigger points palpated with decreased range of motion; lower extremity exam revealed absent deep tendon reflexes, weakness to right foot flexion and extension, positive straight leg raise on the right. He has difficulty with activities of daily living such as self-care and personal hygiene; pain with driving, pain with prolonged sitting, standing, walking and stair climbing; sleep difficulties. He uses a cane for ambulation. Medications were Norco, Cyclobenzaprine. Diagnoses include chronic lumbar strain secondary to right sided lateral recess stenosis L5-S1 disc herniation with left S1 radiculopathy; elevated probability of substance abuse potential with inconsistent urine drug screen; depression; status post right knee arthroscopy (9,2014); degenerative arthritis both knees, right greater than left. Treatments to date include medications; physical therapy; back brace. Diagnostics include MRI of the lumbar spine (5-24-13) which was abnormal showing disc protrusion, degenerative changes; right knee x-rays showed joint space narrowing, osteophyte formation. In the 2-4-15 the treating provider's plan of care includes a request for right lumbar epidural steroid injection and on 7-16-15 pain management agreed with the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar epidural steroid injection at the levels of L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -Lumbar & Thoracic (Acute & Chronic) chapter under Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The patient presents with pain in the low back and bilateral lower extremities. The request is for right lumbar epidural steroid injection at the levels of L5-S1. Physical examination to the lumbar spine on 03/05/15 revealed tenderness to palpation at L3-through S1 as well as superior iliac crest. Per 04/16/15 progress report, patient's diagnosis includes 6 mm right-sided paracentral protrusion resulting in severe right-sided recess stenosis L5-S1, and moderate central stenosis at L3-L4, L4-L5, and L5-S1. Patient's diagnosis, per 06/17/15 progress report includes Norco, and Flexeril. Patient is temporarily totally disabled. The MTUS Guidelines, under Epidural Steroid Injections (ESIs), pages 46 and 47 has the following "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back -Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the 'diagnostic phase' as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases, a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." The treater has not specifically discussed this request; no RFA was provided either. Per 04/16/15 progress report, the patient has ongoing pain in his back with radiation down his bilateral lower extremities. Review of the medical records provided do not indicate a prior lumbar epidural steroid injection. MTUS guidelines support ESIs in patients when radiculopathy is documented by physical examination and corroborating imaging or electrodiagnostic studies. In this case, the patient does present with radicular symptoms. However, in review of the medical records provided, there are no imaging or electrodiagnostic studies included. The request does not meet the guidelines, due to lack of required documents, and therefore, IS NOT medically necessary.