

Case Number:	CM15-0163064		
Date Assigned:	08/31/2015	Date of Injury:	10/09/2014
Decision Date:	10/05/2015	UR Denial Date:	07/20/2015
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 55 year old male, who sustained an industrial injury on 10-09-2014. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include lumbar strain, lumbar radiculitis, and Non-Hodgkin's lymphoma. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injection noted to have been beneficial. Currently, he complained of increased low back pain after working in the garden. On 7-3-15, the physical examination documented painful heel to toe ambulation, tenderness throughout the lumbar muscles, and a positive right side straight leg raise test. The plan of care included a request for a second lumbar epidural steroid injection at L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

Decision rationale: The patient presents with low back pain, rated 7-8/10 without medication and 5-6/10 with medication. The request is for Lumbar Epidural Steroid Injection at L5-S1. Physical examination to the lumbar spine on 09/04/15 revealed tenderness to palpation throughout the paravertebrals, worse at L4-L5 and L5-S1. Per 07/31/15 progress report, patient's diagnosis includes lumbar strain, lumbar radiculitis, and Non-Hodgkin's diffuse large cell type B lymphoma (nonindustrial). Patient's medications, per 07/03/15 progress report include Norco, Flexeril and Lenza Patch. Patient's work status is modified duties. 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". Progress report dated 07/03/15 states that the patient had one lumbar epidural steroid injection with significant improvement. The date of this ESI appears to be from 5/6/15. While there is a statement of significant improvement, no percentages or duration of pain reduction is documented to show at least 50% reduction lasting 6 weeks or more. Furthermore, there is no discussion as to whether or not medication reduction and functional improvements were noted, both requirements per MTUS for a repeat ESI. Finally, no imaging or electrodiagnostics are provided clearly demonstrating a diagnosis of radiculopathy. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The request does not meet guideline indications. Therefore, the request is not medically necessary.