

Case Number:	CM15-0163701		
Date Assigned:	08/31/2015	Date of Injury:	03/18/2013
Decision Date:	09/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/20/2015

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:

The injured worker is a 34 year old male, who sustained an industrial injury on March 18, 2013. He reported an injury to his low back. Treatment to date has included diagnostic imaging, lumbar support, physical therapy, acupuncture therapy, chiropractic therapy, and work modifications. Currently, the injured worker complains of constant headaches and has associated vomiting and dizziness. He rates his headaches a 10 on a 10-point scale. He reports ongoing upper back pain and low back pain with associated stiffness. He reports radiation of pain to the bilateral hips, bilateral buttocks and bilateral lower extremities with associated numbness, tingling and weakness. The injured worker reports that he is unable to sit for more than 30-45 minutes. His low back pain is aggravated by prolonged driving, standing, walking and sitting as well as lifting, twisting, pushing, pulling, squatting and stooping. The injured worker has difficulty bending forward, backward and side-to-side. He has difficulty with sleep and awakens with pain and discomfort. He rates his pain a 7-8 on a 10-point scale. On physical examination the injured worker has a normal gait and is able to heel-toe walk. He has tenderness to palpation over the lumbar paravertebral area with moderate spasm noted. He has tenderness to palpation over the lumbar paraspinous muscles and the left sciatic notch. His lumbar spine range of motion is restricted with pain and spasm. The diagnoses associated with the request include lumbar disc protrusion, and lumbar radiculopathy on the left. The treatment plan includes repeat lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI Lumbar L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46.

Decision rationale: The claimant sustained a work injury in March 2013 and was seen for an initial evaluation by the requesting provider on 07/15/15. When seen, prior treatments had included medications, physical therapy, acupuncture, and chiropractic care. He underwent three lumbar epidural injections and 2014 with only temporary pain relief. Complaints included low back pain radiating into the hips, buttocks, and lower extremities to the feet with numbness, tingling, and weakness. Physical examination findings included lumbar spine tenderness with muscle spasms. There was left sciatic notch tenderness. There was decreased and painful lumbar spine range of motion. Left straight leg raising was positive and there was decreased left lower extremity sensation. Authorization was requested for a repeat epidural injection. 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 and duration of pain relief following the previous three injections is not documented. The requested repeat lumbar epidural steroid injection was not medically necessary.