

Case Number:	CM15-0163745		
Date Assigned:	09/01/2015	Date of Injury:	10/17/2013
Decision Date:	10/06/2015	UR Denial Date:	07/29/2015
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: 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 49 year old male who sustained an industrial injury on 12-17-13. Initial complaints and diagnoses are not available. Treatments to date include medications and cervical spine fusion. Diagnostic studies include MRIs of the cervical and lumbar spines. Current complaints include headache and neck pain. Current diagnoses include cephalgia, lumbosacral spine sprain and strain, and stomach irritation. In a progress note dated 05-08-15 the treating provider reports the plan of care as a lumbar epidural steroid injection, CT of the cervical spine, and a neurology consultation. The requested treatment includes a 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 Spine Left L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Epidural steroid injections.

Decision rationale: The patient presents on 07/07/15 for a post-operative follow up regarding recent lumbar laminectomy. The patient's date of injury is 12/17/13. Patient is status post lumbar laminectomy and foraminotomy on 06/17/15. The request is for Esi Lumbar Spine Left L3-4. The RFA is dated 07/15/15. Physical examination dated 07/07/15 does not include any abnormal physical examination findings. The patient's current medication regimen is not provided. Diagnostic imaging included lumbar MRI dated 12/11/14, significant findings include: "L3-4: There is a 3-4mm left greater than right protrusion with an annular tear with moderate left neural foraminal encroachment. There is mild right neural foraminal encroachment and moderate central canal stenosis with somewhat short pedicles..." Patient is currently classified as temporarily totally disabled. MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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 Low Back Chapter, under Epidural steroid injections (ESIs), therapeutic also has the following: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008) Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor. In this case, the treater is requesting an initial lumbar ESI for the management of this patient's chronic lower back pain. Per progress note dated 07/07/15, the provider notes that this patient presents post-operatively and that his radicular leg pain has resolved following surgery. Diagnostic MRI dated 12/11/14 indicates nerve root impingement at the requested levels, but the degree of resolution following surgery is not clear as no post-operative imaging was included. In this case, it is not clear why a lumbar ESI is being requested if this patient's leg pain has resolved. Furthermore, the most recent progress note does not include any physical examination findings indicative of radicular pain in the lower extremities. Without current complaints of radicular pain corroborated by physical findings indicating recurrent neurological compromise in the lower extremities, the requested lumbar ESI cannot be substantiated. Therefore, the request is not medically necessary.