

Case Number:	CM15-0163804		
Date Assigned:	09/01/2015	Date of Injury:	04/01/2008
Decision Date:	10/05/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/21/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 37 year old male patient who sustained an industrial injury on 04-01-2008. He sustained the injury while carrying two chairs in his arms in a curling motion. The diagnoses include lumbosacral radiculopathy, chronic myofascial pain syndrome and disc protrusion at L5-S1. According to the primary treating physician's progress report dated July 30, 2015, he had complaints of upper and lower back pain associated with numbness in the bilateral lower extremities rated as 8 out of 10 without medications and 2-3 out of 10 on the pain scale with medications. He also reported sleeping difficulties without medications and worsening depression. The physical examination revealed multiple myofascial trigger points and taut bands throughout the thoracic and lumbar paraspinal and gluteal muscles, range of motion slightly restricted in the thoracic spine with flexion and extension, range of motion of the lumbar spine moderately restricted in all planes of direction, limp and unable to perform heel-toe gait with the right leg. Per the note dated 7/8/15, physical examination revealed normal strength and sensation in the bilateral lower extremities. The medications list includes OxyContin 30mg, Ultram ER 150mg, Wellbutrin and Ambien. He has undergone lumbar laminectomy and discectomy at L5-S1 in 2011. He has had diagnostic testing including recent lumbar spine magnetic resonance imaging (MRI) dated 1/5/2015 which revealed mild degeneration at L4-5 and L5-S1. Per the note dated 7/8/15, he has had lumbar epidural steroid injections and physical therapy with temporary relief. Treatment plan consists of continuing with medication regimen and the current request for L4-5 and L5-S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 and L5-S1 LESI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: L4-5 and L5-S1 LESI; The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Per the cited guideline criteria for ESI are 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 7) 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. Unequivocal evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing is not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Patient has had lumbar epidural steroid injections in the past with temporary relief. Documented evidence of functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks with previous lumbar epidural steroid injection is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of L4-5 and L5-S1 LESI is not fully established for this patient, therefore is not medically necessary.