

Case Number:	CM15-0164106		
Date Assigned:	09/01/2015	Date of Injury:	02/04/2003
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
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:

The injured worker is a 63 year old male who sustained an industrial-work injury on 2-4-03. He reported an initial complaint of back pain. The injured worker was diagnosed as having lumbosacral neuritis, chronic low back pain, myofascial pain and spasm. Treatment to date includes medication, surgery (L3-S1 fusion and L3-4 extreme lateral interbody fusion with cage instrumentation on 11-9-11), diagnostics, and trial with SCS (spinal cord stimulator). MRI results were reported on 10-4-10, 3-12-03, and 7-23-14 that revealed disc protrusions. CT scan results were reported on 10-4-10. Currently, the injured worker complained of low back pain and leg pain and numbness in the left bottom of foot with help from medications to control pain level. Average pain was 8 out of 10. Per the primary physician's report (PR-2) on 7-14-15, exam noted no acute distress, no signs of sedation or withdrawal. A cane was used to ambulate, the low back pain is worse on walking greater with sitting and standing, decreased active range of motion in the lumbar region, and positive straight leg raise noted on left again. The requested treatments include 1 Left Transforaminal Epidural Steroid Injection at the levels of L4-L5 and L5-S1. The medication list include Nucynta, Cymbalta, Zanaflex, Baclofen, Ambien, Lyrica and Lunesta. The patient's surgical history include lumbar fusion in 2011. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Transforaminal Epidural Steroid Injection at the levels of L4-L5 and 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 Chronic Pain-Epidural steroid injections (ESIs), page 46.

Decision rationale: 1 Left Transforaminal Epidural Steroid Injection at the levels of L4-L5 and L5-S1. 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)." Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs was not specified in the records provided. Details of PT or other type of therapy done since date of injury was not specified for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were 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. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. With this, it is deemed that the medical necessity of request for 1 Left Transforaminal Epidural Steroid Injection at the levels of L4-L5 and L5-S1 is not fully established for this patient.