

Case Number:	CM15-0164162		
Date Assigned:	09/01/2015	Date of Injury:	10/01/2009
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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(n) 40 year old male, who sustained an industrial injury on 10-1-09. He reported pain in his lower back and subsequently underwent an L4-L5 decompressive laminectomy on 8-9-11. The injured worker was diagnosed as having lumbar degenerative disc disease and bilateral lumbar radiculitis, greater on the right. Treatment to date has included a lumbar MRI on 3-14-14, a right L3-L4 epidural injection on 1-28-15 with 65%-70% relief and Norco. On 3-19-15 the treating physician noted that the lumbar range of motion was 75% of normal. The injured worker was reporting back pain that radiates down the lower extremities. As of the PR2 dated 7-14-15, the injured worker reports his back pain is gradually increasing and that he is having leg pain that radiates down his right leg. The previous epidural he received on 1-28-15 was effective and is slowly wearing off. He is able to continue with his regular work as long as he does not lift anything heavy. Objective findings include a positive straight leg raise test and tenderness along the lumbar paraspinal muscles. The treating physician requested a lumbar epidural steroid injection with anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection with Anesthesia: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

Decision rationale: Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The MTUS clearly states that 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. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, it appears that with prior injection the patient was able to continue working and his pain decreased substantially. Therefore, the request for additional ESI may be necessary, however, because sedation/anesthesia is offered without clear reason, the request overall is not considered medically necessary.