

Case Number:	CM15-0164586		
Date Assigned:	09/01/2015	Date of Injury:	11/15/2006
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
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: 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:

This injured worker is a 58 year old male who reported an industrial injury on 11-15-2006. His diagnoses, and or impression, were noted to include: lumbar facet syndrome; lumbar degenerative disc disease; low back pain with radiculopathy; and a mood disorder. No current imaging studies were noted. His treatments were noted to include: lumbosacral epidural steroid injections in 2-2015 - 50% effective x 4 months; a home exercise program; and medication management with toxicology studies. The progress notes of 7-9-2015 reported a decrease in his low back pain that radiated down both legs; a fair quality of sleep; that his function had improved with the re-starting of his pain medications; that his activity level had increased which increased his radicular pain in his leg; and that his quality of life had remained the same. Objective findings were noted to include: the appearance of moderate pain; a slow, wide-based, and right-sided antalgic gait with use of cane; tenderness and tight bands over the bilateral lumbar para-vertebral muscles, with restricted range-of-motion; the inability to walk on heels or toes; tenderness over the sacroiliac spine; trigger point with radiating pain and twitch response at the bilateral lumbar para-spinal muscles; limited motor examination due to pain; some decreased motor strength in the bilateral lower extremities; positive bilateral straight leg raise; and decreased sensation over the right calf and toe, with dysesthesias over the lateral foot and calf on the right side. The physician's requested treatments were noted to include repeat lumbosacral epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5, S1 Lumbar Epidural Steroid Injection: Overturned

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 Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2008 and continues to be treated for back pain with radiating symptoms into both lower extremities. An epidural injection was done in August 2012, June 2014, and recently in February 2015. In June 2015, he reported a 50% relief of pain with decreased right lower extremity cramping after the injection. When requested, pain was rated at 5/10 with medications. He was walking more and was having increased radicular leg pain. Physical examination findings included a BMI of over 34. There was sacroiliac tenderness and bilateral lumbar trigger points were present. There was decreased lower extremity strength and sensation. Straight leg raising was positive. Authorization for another epidural injection was requested. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than four blocks per region per year. In this case, the requested epidural injection is within applicable guidelines and the claimant reports increased radicular pain with walking. Radiculopathy is supported by the physical examination that was documented. The request is considered medically necessary.