

Case Number:	CM15-0165170		
Date Assigned:	09/02/2015	Date of Injury:	12/03/2009
Decision Date:	10/06/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 26-year-old male, who sustained an industrial injury on 12-03-2009. Diagnoses include herniated nucleus pulposus and annular tear L5-S1, chronic lumbar strain, intractable low back pain and intractable sciatica. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), medication and a previous lumbar epidural steroid injection which provided approximately 60% relief for three months. MRI of the lumbar spine dated 6-19-2015 showed annular fissure at L4-L5 and L5-S1, and multilevel broad based disc herniations. Per the Primary Treating Physician's Progress Report dated 6-25-2015, the injured worker reported increased low back pain and bilateral leg pain. He rated his pain level as 10 out of 10, which decreased to 5 out of 10 with medications. Physical examination of the lumbar spine revealed present spasm, tenderness to palpation over the lumbar paraspinal musculature and decreased range of motion with pain. The plan of care included, and authorization was requested for lumbar epidural steroid injection L4-S1 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

One LESI for the bilateral L4-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, bilateral lumbar epidural steroid injections at L4-S1 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks. etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. Etc. See the guidelines for details. In this case, the injured worker's working diagnoses are HMP with stenosis and annular tear at L5-S1; chronic lumbar strain; intractable low back pain; and intractable sciatica. Date of injury is December 3, 2009. Request for authorization is July 22, 2015. According to a January 2015 progress note, EMG and nerve conduction velocity studies were denied. Lumbar epidural steroid injections were requested and twice denied. The most recent progress note dated June 25, 2015 states the injured worker had an MRI of the lumbar spine. MRI examination performed June 21, 2015 shows a broad-based disc herniation that abuts the thecal sac and L4-L5. The central canal is unremarkable with no signs of lateral recess stenosis. Exiting nerve roots are normal. At L5-S1, there is broad-based disc herniation, which abuts the thecal sac. The exiting nerve roots are normal. The injured worker had a prior lumbar epidural steroid injection with 60% pain relief for three months. According to a September 5, 2013 progress note, the documentation indicates the injured worker had for lumbar epidural steroid injections. There is no documentation demonstrating objective functional improvement as a result of the large number of epidural steroid injections provided. Subjectively, the injured worker has severe low back pain that radiates to the bilateral lower extremities. Objectively, there is spasm and decreased range of motion. There is positive straight leg raising and decreased sensation at the bilateral S1 dermatome. There is tenderness palpation. There is no definite objective evidence of radiculopathy on physical examination. There is no EMG or NCV electrodiagnostic evidence to corroborate radiculopathy. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines, #4 lumbar epidural steroid injections rendered in 2013 with no documentation demonstrating objective functional improvement and no clear-cut objective evidence of radiculopathy, bilateral lumbar epidural steroid injections at L4-S1 is not medically necessary.