

Case Number:	CM15-0166613		
Date Assigned:	09/04/2015	Date of Injury:	06/15/2011
Decision Date:	10/08/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old male, who sustained an industrial injury on 6-15-2011. The mechanism of injury was lifting cases of water. The injured worker was diagnosed as having thoracic-lumbar neuritis. There is no record of a recent diagnostic study. Treatment to date has included three epidural steroid injections, physical therapy and medication management. In a progress note dated 7-15-2015, the injured worker complains of low back pain and pain down the bilateral lower extremities. Physical examination showed lumbar tenderness. The treating physician is requesting lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents on 07/15/15 with headaches, shoulder pain, and numbness and weakness in the bilateral lower extremities (right greater than left). The patient's date of injury is 06/15/11. Patient is status post three lumbar epidural steroid injections at L3-5 levels on 12/01/14. The request is for LUMBAR EPIDURAL STEROID INJECTION. The RFA was not provided. Physical examination dated 07/15/15 reveals tenderness to palpation of the lumbar area, give way in the lower extremities, and decreased sensation in the right L4 and L5 dermatomal distributions. The patient is currently prescribed Gabapentin, Zanaflex, Ibuprofen, Stool softener, Prilosec, Xanax, Temazepam, Zoloft, Buspar, Prazosin, and Trazodone. Diagnostic imaging included lumbar MRI dated 02/23/15, significant findings include: "3-4mm broad based posterior disc protrusion effaces the ventral surface of the thecal sac resulting in moderate to severe bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy... L4-5 posterior annular tear is seen within the intervertebral disc. 3-4mm broad-based posterior disc protrusion effaces the ventral surface of the thecal sac resulting in moderate to severe bilateral neural foraminal narrowing and moderate to severe canal stenosis. bilateral exiting nerve root compromise is seen." Patient is currently not working. MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three: injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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. In this case, the treater is requesting a repeat lumbar ESI for the management of this patient's chronic lower back pain, following previous injections at L3-5 levels on 12/01/14. Per progress note dated 07/15/15, the provider notes that this patient has been experiencing ongoing lower back pain with weakness in the lower extremities. Radiculopathy is substantiated by the 07/15/15 progress report, which includes subjective reports of pain which radiates into the bilateral lower extremities and examination findings showing decreased sensation and motor strength in the bilateral lower extremities. Diagnostic MRI dated 02/23/15 also indicates nerve root impingement at the requested levels. However, progress note dated 07/15/15 has the following regarding previous lumbar ESI's: "Has had 3 ESI with min benefit but surgeon wants L3 injection." MTUS guidelines require documentation of at least 50% pain relief lasting from 6-8 weeks to substantiate repeat lumbar ESI's. In this case, the provider mentions that this patient has had 3 previous injections, but indicates that these were ineffective. It is not clear why a fourth injection would be desired if this patient failed to demonstrate improvement following previous injections. Without documentation of prior ESI efficacy, a repeat injection cannot be substantiated. Therefore, the request IS NOT medically necessary.