

Case Number:	CM15-0167477		
Date Assigned:	09/08/2015	Date of Injury:	12/02/2013
Decision Date:	10/07/2015	UR Denial Date:	08/20/2015
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: Arizona, 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 36-year-old male, who sustained an industrial injury on 12-02-2013. He reported injury to the low back. The injured worker was diagnosed as having lumbar sprain-strain; lumbar radiculopathy; large disc herniation at L5-S1; and severe right lateral recess stenosis. Treatment to date has included medications, diagnostics, ice, heat, chiropractic therapy, physical therapy, and home exercise program. Medications have included Naproxen and Flexeril. A progress report from the treating provider, dated 07-09-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of persistent low back pain; the pain is constant and rated at 5 out of 10 on a numerical pain scale; with increased activity, his pain increases to 8 out of 10; he is able to carry out his activities of daily living with exception of work, which requires repetitive bending, lifting, and stooping; he used to be able to touch his toes, but now his fingertips just reach his knees; and he stated that the stress of being unable to receive recommended treatment is starting to get to him. It is noted that the injured worker did not notice any improvement with the physical therapy treatments; and both physical therapy and chiropractic sessions have not given the injured worker significant long-term relief. Objective findings have included there is no obvious discomfort when transferring; forward flexion is limited to fingers reaching his knee; once he reaches this amount of forward flexion, he begins to guard; he is neurologically intact with respect to strength in his lower extremities; he has a negative straight leg raise test bilaterally; and the lumbar MRI, dated 05-15-2015, shows a sizeable disc herniation at L5-S1 with corresponding lateral recess stenosis. The treatment plan has included the request for epidural steroid injection at L5-S1 (one time).

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at L5-S1 (one time): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, 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. 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). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 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 this case, the claimant's MRI does not show cord impingement. There are no physical or neurological findings consistent with radiculopathy. The request for the ESI is not medically necessary.