

Case Number:	CM15-0168387		
Date Assigned:	09/09/2015	Date of Injury:	05/30/2014
Decision Date:	10/14/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/26/2015

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: Texas, 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:

This is a 58 year old male patient, who sustained an industrial injury on 5-30-14. The diagnoses include thoracic or lumbosacral neuritis or radiculitis, lumbago and lumbar or lumbosacral disc degeneration. Per the doctor's note dated 9/1/15, he had complaints of pain at 5/10. Per the PR2 dated 8-4-15, he had complaints of pain in his lower back at 5/10 with no radiation. The physical examination revealed pain with lumbar flexion and extension, a positive straight leg raise test bilaterally and tenderness to palpation in the lumbar paraspinal muscles. The medications list includes Neurontin, Voltaren XR and Cyclobenzaprine. He has had physical therapy visits for this injury. The treating physician requested a lumbar epidural injection at left L4-L5. On 8-12-15 the treating physician requested a Utilization Review for a lumbar epidural injection at left L4-L5 and a follow-up visit. The Utilization Review dated 8-17-15, non-certified the request for a lumbar epidural injection at left L4-L5 and authorized the request for a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection left L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program". Per the cited guideline criteria for ESI are "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)". "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". Unequivocal evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing is not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Failure to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Lumbar epidural injection left L4-5 is not fully established for this patient and therefore is not medically necessary.