

Case Number:	CM15-0180081		
Date Assigned:	09/21/2015	Date of Injury:	02/03/2014
Decision Date:	11/06/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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, Texas
 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 29 year old male, who sustained an industrial injury on February 3, 2014. The injured worker was being treated for lumbar strain, degenerative disc with 3 millimeter central disc protrusion and annular tear at L5-S1 (lumbar 5-sacral 1). Medical records (June 25, 2015 to August 6, 2015) indicate ongoing low back pain radiating into the right buttock and posterior thigh with increased flare-ups. Due to the lack of availability of light duty at his work he has been let go. The physical exam (August 6, 2015) reveals that the injured worker rises slowly from seated to standing, a slow and guarded gait, increased restriction of range of motion with pain at the limits of his range, and grossly intact motor and sensory function. Per the treating physician (August 6, 2015 report), an MRI of the lumbar spine revealed a 3 millimeter central disc protrusion and annular tear at L5-S1. Treatment has included: at least 12 sessions of physical therapy, work restrictions, off work, ice, and medications including oral pain, topical pain, steroid, anti-epilepsy, proton pump inhibitor, muscle relaxant, and non-steroidal anti-inflammatory. On September 2, 2015, the requested treatments included a lumbar epidural steroid injection at the L5-S1 level. On September 3, 2015, the original utilization review non-certified a request for a lumbar epidural steroid injection at the L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1 level: 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: According to the MTUS, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. 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. Criteria for the use of ESI is 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). Injections should be performed using fluoroscopy 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. 5) No more than two nerve root levels 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. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. In this case the patient has a normal neurologic exam w/o evidence of a radiculopathy. Furthermore a radiculopathy is not demonstrated via EMG or imaging. The criteria for ESI of the lumbar spine are not met. The request is not medically necessary.