

Case Number:	CM15-0181411		
Date Assigned:	09/22/2015	Date of Injury:	09/17/2013
Decision Date:	10/29/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/15/2015

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 35 year old male patient, who sustained an industrial-work injury on 9-17-13. The diagnoses include chronic low back pain with lumbar disc herniation and radicular symptoms in the bilateral lower extremities (BLE), numbness, and tingling that radiate down the left lower extremity (LLE). Per the doctor's note dated 9/17/2015, he had complaints of low back pain. He had radiation of pain with tingling and numbness in the left leg when he goes to bathroom or if he coughs or sneeze. The physical examination of the lumbar spine revealed tenderness, spasm and negative straight leg raising test bilaterally. Per the doctor's note dated 8/20/15, he had complaints of ongoing low back pain rated 5 out of 10 on pain scale without medications and decreases to 2 out of 10 with medications. This has remained unchanged from previous visits. Per the treating physician report dated 8-20-15 the work status is modified with restrictions. The physical exam dated 8-20-15 revealed mild antalgic lean, sits uncomfortably today, significant increased low back pain with straight leg raises bilaterally. The medications list includes Norco, Zanaflex and Motrin. Per the PT note dated 1/7/2015, patient had low back pain at 8/10 and radicular symptoms. He has had Magnetic resonance imaging (MRI) of the lumbar spine in November 2013 which revealed disk herniation at L3-L4. He has undergone left L3-L4 epidural steroid injection (ESI) 12-6-14 with 50 percent pain relief for 2 months. He has had physical therapy at least 10 sessions, 6 sessions of acupuncture, that were beneficial, home exercise program (HEP) and lumbar brace. The request for authorization date was 8-27-15 and requested service included 1 repeat L3-L4 interlaminar epidural steroid injection. The original Utilization review dated 9-3-15 non-certified the request as per the guidelines given the lack of failure to

conservative treatments as well as lack of documentation supporting lumbar radiculopathy the lumbar epidural steroid injection (ESI) is not congruent with guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 repeat L3-L4 interlaminar 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: 1 repeat L3-L4 interlaminar epidural steroid injection. 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." Per the recent doctor's note dated 9/17/2015, he had complaints of low back pain. He had radiation of pain with tingling and numbness in the left leg when he goes to bathroom or if he coughs or sneeze. The physical examination of the lumbar spine revealed tenderness, spasm and negative straight leg raising test bilaterally. 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. In addition, per the records provided he has undergone left L3-L4 epidural steroid injection (ESI) 12-6-14 with 50 percent pain relief for 2 months. However per the PT note dated 1/7/2015, patient had low back pain at 8/10 and radicular symptoms. Consistent evidence of continued objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks with previous lumbar ESI is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of 1 repeat L3-L4 interlaminar epidural steroid injection is not fully established for this patient.