

Case Number:	CM15-0184187		
Date Assigned:	09/24/2015	Date of Injury:	01/13/2015
Decision Date:	11/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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: Preventive Medicine, Occupational 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 48 year old male, who sustained an industrial-work injury on 1-13-15. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine radiculopathy, lumbar disc herniation, and lumbar strain and sprain. Medical records dated (1-27-15 to 8-10-15) indicate that the injured worker complains of pulling in the low back that is present all the time. The pain is increased with prolonged sitting, standing walking and activities. There is radiation of pain from the low back to the right leg and foot that comes and goes. He also reports back spasms which have improved. Per the treating physician report dated 8-10-15 the injured worker has not returned to work. The physical exam dated 6-29-15 reveals positive tenderness to palpation of the lumbar spine, decreased lumbar range of motion and positive straight leg raise to the right lower extremity (RLE). Treatment to date has included pain medication Ibuprofen, acupuncture (unknown amount), back brace, diagnostics, and physical therapy at least 12-14 sessions with no relief for the low back pain, off of work and other modalities. The Magnetic resonance imaging (MRI) of the lumbar spine dated 4-10-15 reveals shows evidence of a 2 millimeter disc bulge at L4-5 with right greater than left central canal narrowing and right greater than left neuroforaminal stenosis. The EMG-NCV (electromyography and nerve conduction velocity) testing that was performed on 8-3-15 reveals an abnormal study. There is increased membrane irritability and 1+ positive sharp waves in the right L5 and S1 could indicate lumbar radiculopathy at this level. The request for authorization date was 8-25-15 and requested service included Referral to Pain Management for Lumbar epidural steroid injection (ESI). The original Utilization review dated 9-8-15 non-certified as the

guidelines would not support an epidural steroid injection (ESI) without evidence of trial and failure of conservative treatment or without evidence of true radiculopathy in the lumbar spine by exam. Therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Pain Management for LESI: 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), Opioids, dosing.

Decision rationale: The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. In this case, the pain management consult is for management of left epidural steroid injection. Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) Initially unresponsive to conservative treatment; 3) Injections should be performed using fluoroscopy for guidance; 4) If used for diagnostic purposes, a maximum of two injections should be performed, and 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 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; 8) No more than 2 ESI injections. In this case, the injured worker is not documented to be unresponsive to conservative treatment, therefore, the request for referral to pain management for LESI is not medically necessary.