

Case Number:	CM15-0190235		
Date Assigned:	10/02/2015	Date of Injury:	11/25/2013
Decision Date:	11/13/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/28/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 32 year old male, who sustained an industrial injury on 11-25-2013. He reported a low back injury from repetitive lifting activity. Diagnoses include lumbar degenerative disc disease, disc herniation, lumbar facet pain and radiculopathy. Treatments to date include activity modification, anti-inflammatory, NSAID, physical therapy, chiropractic therapy. On 7-17-15, he complained of ongoing pain in the low back with radiation to the left lower extremity associated with intermittent spasms and "it locks up on him." Pain was rated 5-6 out of 10 VAS. The provider documented a "neurosurgeon evaluation was completed and there was recommendation for lumbar epidural block and possible lumbar surgery." However, the aforementioned neurosurgical evaluation documentation was not submitted for this review. The physical examination documented lumbar tenderness in the muscles and facet joints with increased pain upon range of motion. The records included a Qualified Medical Examination dated 8-13-15, documenting the same subjective and objective findings. The appeal requested authorization for an epidural block at left side L4-L5 and L5-S1. The Utilization Review dated 9-14-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Epidural Block at L4-L5 and L5-S1: 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: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case the documentation in the medical record to support the diagnosis of radiculopathy. There are no focal sensory or motor deficits. Electrodiagnostic testing does not support the presence of radiculopathy. Criteria for epidural steroid injections have not been met. The request should not be authorized.