

Case Number:	CM15-0190921		
Date Assigned:	10/05/2015	Date of Injury:	01/11/1996
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
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: Connecticut, California, Virginia
 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 69 year old male who sustained an industrial injury on 11-11-1996. A review of medical records indicates the injured worker is being treated for chronic low back pain, spondylosis of the lumbosacral spine, disc protrusions L2-3, L3-4, L4-5, and L5-S1, and spinal stenosis L2-3, L3-4, L4-5, and L5-S1. Medical records dated 8-26-2015 noted weakness and stiffness. There have been no changes in symptoms. He rates his back pain a 6 out 10 and was requesting another epidural injection. He has increased pain with activities of daily living, rainy, and cold weather. Physical examination noted there was some paralumbar tenderness at the inspection of the paraspinous muscles and to the posterior superior iliac spine bilaterally. There was pain with motion of the back. Sensation was intact in both lower extremities. MRI of the lumbar spine dated 4-8-2015 revealed mild degenerative endplate changes in the lumbar spine, neural foraminal stenosis, and spinal stenosis. Treatment has included physical therapy, Norco, and an epidural injection. Utilization review form dated 9-3-2015 noncertified outpatient lumbar epidural steroid injection series at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection series at L5-S1, outpatient: 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: Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The MTUS clearly states that 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. The recent note (Sept 2015) describes a negative straight leg exam bilaterally, along with essentially no neurologic deficits distally to indicate radiculopathy. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, without evidence of radiculopathy on physical exam, the request for epidural steroid injection is not medically necessary at this time.