

Case Number:	CM15-0192883		
Date Assigned:	10/06/2015	Date of Injury:	07/05/2013
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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: Physical Medicine & Rehabilitation

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 33-year-old female with a date of industrial injury 7-5-2013. The medical records indicated the injured worker (IW) was treated for lumbar disc degeneration. In the Initial History (8-21-15), the IW reported moderate to severe low back and bilateral hip pain, without radiation, rated 7 out of 10. She rated her worst pain 8 and best pain 7 out of 10. Medications, rest, hot showers and pain procedures alleviated the pain. Medications were Lorazepam, Naproxen and Tramadol. The notes stated the CURES report was reviewed and it was normal and there were no aberrant drug behaviors noted. A medication agreement was in force. It was noted her activities of daily living have been limited due to pain and anxiety; she had been unable to spend time with family and enjoy recreational activities. On examination (8-21-15 notes), there was tenderness and spasms in the bilateral lumbar paraspinous muscles and the bilateral facet joints at L1 through S1. Lumbar flexion was normal; extension and lateral rotation was reduced due to pain. Muscle tone and strength was normal in the bilateral lower extremities, with motor strength graded 5 out of 5. Sensation and reflexes were also documented as normal. Straight leg raise was negative bilaterally. Treatments included physical therapy and acupuncture, without long-term relief. MRI results (2-6-15) were noted as 4 mm disc herniation at L5-S1. The provider suggested caudal epidural steroid injections for treatment of the low back pain without radicular symptoms. A Request for Authorization dated 8-27-15 was received for lumbar epidural injection, #1, for L4-5 and L5-S1. The Utilization Review on 9-2-15 non-certified the request for lumbar epidural injection, #1, for L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection x 1 for L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents on 08/21/15 with lower back and bilateral hip pain rated 7/10. The patient's date of injury is 07/05/13. The request is for lumbar epidural steroid injection x 1 for L4-L5 and L5-S1. The RFA is dated 08/27/15. Physical examination dated 08/21/15 reveals tenderness to palpation of the bilateral paraspinal musculature and facet joints at L1 through S1 levels with intact sensation in the lower extremities and negative straight leg raise test noted bilaterally. The patient is currently prescribed Lorazepam, Naproxen, and Tramadol. Per 08/21/15 progress note, a diagnostic MRI dated 02/06/15 indicated a 4mm disc herniation at the L5-S1 levels. Patient's current work status is not provided. MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 3. Injections should be performed using fluoroscopy (live x-ray) for guidance, 8. Current research does not support a series of three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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." In this case, the treater is requesting an initial lumbar ESI at the L4-5 and L5-S1 levels for the management of this patient's chronic lower back pain. There is no evidence in the records provided that this patient has undergone any ESIs to date. Per progress note dated 08/21/15, the provider documents subjective complaints of lower back and bilateral hip pain without a radicular component. The physical examination dated 08/21/15 does not include any evidence of neurological deficit in the bilateral lower extremities. A diagnostic MRI dated 02/06/15 notes a 4mm disc bulge at L5 and S1 levels with moderate narrowing and encroachment of the bilateral descending and exiting nerve roots. It is not clear why the provider would request a lumbar ESI at L4-5, as the MRI notes unremarkable findings at this level. It is also unclear why a lumbar ESI is being requested given the lack of neurological compromise in the lower extremities. MTUS guidelines require clear documentation of neurological compromise in a specific dermatomal distribution, corroborated by MRI evidence of foraminal stenosis/nerve root abutment at the requested levels. Without such documentation, a lumbar ESI cannot be substantiated. Therefore, the request is not medically necessary.