

Case Number:	CM15-0193414		
Date Assigned:	10/07/2015	Date of Injury:	10/01/2014
Decision Date:	11/16/2015	UR Denial Date:	08/31/2015
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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 10-01-2014. An MRI of the lumbar spine performed on 02-26-2015 showed a left paracentral disc protrusion 4-5 millimeters at the L5-S1 disc level impinging the left S1 nerve root, diffuse disc bulge at L4-5 disc level, degenerative disc disease at L1-2, L2-3 and L4-5 disc levels, anterior disc bulge 2-3 millimeters at L1-2, L2-3 and L4-5 disc levels and spasm. On 07-06-2015, the injured worker underwent selective nerve root block left S2 level and lumbar epidural steroid injection L5-S1. On 07-15-2015, the injured worker reported a 50% decrease in pain in both legs but was not completely resolved. According to a progress report dated 08-18-2015, the injured worker was doing better but was still having pain down both legs particularly the left leg. He had an epidural injection six weeks prior, which provided 50% reduction of pain in the bilateral lower extremities, but pain still remained. He also reported numbness and weakness in the left leg. The provider noted that an MRI scan revealed L4-L5 and L5-S1 disc protrusion with foraminal stenosis on the left side at the L5-S1 level and Left S1 nerve root impingement. Objective findings included positive straight leg raise in the left leg for radicular pain. Decreased sensation in the left L5 distribution was noted. The motor examination revealed slight weakness of left knee extension and left knee dorsiflexion as compared to the right. Reflexes symmetric, patellar and Achilles were noted. Assessment included L4-L5 and L5-S1 disc protrusion, L5-S1 left foraminal stenosis and S1 nerve root impingement and lower back pain with L4 and L5 radiculopathy. The treatment plan included a repeat lumbar epidural injection under fluoroscopic guidance. An authorization request dated 08-24-2015 was submitted for review. The requested services included lumbar epidural and a follow up. On 08-31-2015, Utilization Review non-certified the request for lumbar epidural steroid injection, bilateral L5-S1 with fluoroscopy #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, bilateral L5-S1 with fluoroscopy #1: 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: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. 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. 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. In addition, there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy. Therefore, the determination is for non-certification. Therefore, the request is not medically necessary.