

Case Number:	CM15-0193671		
Date Assigned:	10/07/2015	Date of Injury:	09/13/2004
Decision Date:	11/16/2015	UR Denial Date:	09/22/2015
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 61 year old male with an industrial injury dated 09-13-2004. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease, lumbar disc displacement, lumbar facet disease, lumbar foraminal stenosis, lumbar stenosis, lumbar radiculopathy, cervical degenerative disc disease, cervical disc displacement, and cervicgia. In a progress report dated 08-06-2015, the injured worker reported pain in various parts of the body. The injured worker is status post right hand surgery in 5-2010 and 6-2011. The injured worker reported severe pain with a lot of spasms. The injured worker also reported that he is only able to take a step at a time due to pain, stress and spasm. Pain level was 10 out of 10 on a visual analog scale (VAS). Physical exam (08-06-2015) revealed slow and antalgic gait, decreased range of motion and bilateral paravertebral muscle tenderness to palpitation, and radiculopathy with decrease sensation to touch, temperature, or vibration on bilateral sides in all distribution of worse bilaterally L5-S1, and positive straight leg raises bilaterally. According to the progress note dated 08-26-2015, the injured worker reported 50% improvement lasting over six weeks from previous injections with less pain, improved function and increased daily activities. The injured worker continues to have severe pain at this time and prefers pain relief from epidural steroid injection (ESI) compared to large doses of opioids. Objective findings (08-26-2015) revealed decreased strength, knee hypo reflexive, bilateral L3-4, L4-5, and L5-S1 radiculopathy with decreased sensation to touch and positive bilateral straight leg raises. The treating physician reported that the Lumbar Magnetic Resonance Imaging (MRI) revealed multilevel degenerative disc disease with mild stenosis and

bilateral foraminal impingement at L3-4, facet arthropathy L4-5 and L5-S1. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. The treatment plan included Lumbar epidural steroid injection. The treating physician prescribed services for Lumbar epidural steroid injection to L5-S1 with fluoroscopic guidance, quantity: 1. The utilization review dated 09-22-2015, non-certified the request for Lumbar epidural steroid injection to L5-S1 with fluoroscopic guidance, quantity: 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 to L5-S1 with fluoroscopic guidance, quantity: 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 request is not medically necessary.