

Case Number:	CM15-0195766		
Date Assigned:	10/09/2015	Date of Injury:	08/09/2010
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/05/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 36-year-old male, with a reported date of injury of 08-09-2010. The diagnoses include lumbar discopathy with disc displacement, lumbar radiculopathy, and bilateral sacroiliac arthropathy. Treatments and evaluation to date have included Fexmid, Nalfon, Ultram, and Norco. The diagnostic studies to date have included a urine drug screen on 08-29-2015 which was inconsistent for hydromorphone, norhydrocodone, cyclobenzaprine, Tramadol, and Zolpiclone; a urine drug screen on 06-29-2015 with consistent findings; a urine drug screen on 01-23-2015 which was inconsistent for Tramadol, Cyclobenzaprine, and Paroxetine; and electrodiagnostic studies of the bilateral lower extremities on 03-13-2015 which showed evidence of L5-S1 motor radiculopathy bilaterally. The progress report dated 08-29-2015 indicates that the injured worker continued to complain of right shoulder pain and low back pain that was centered over the bilateral sacroiliac joints. The low back pain radiated down both legs and was associated with numbness and tingling. The low back pain was aggravated by twisting and bending or direct pressure over the sacroiliac joints. The injured worker rated his pain 8-9 out of 10 without medications and 5-7 out of 10 with medications. The objective findings include tenderness to palpation over the lumbar paraspinal musculature; decreased range of motion of the lumbar spine secondary to pain and stiffness; tenderness to palpation in the bilateral sacroiliac joints; positive FABERE/Patrick's test; positive supine straight leg raise test at 20 degrees bilaterally; and diminished sensation to light touch and pinprick in the bilateral S1 dermatomal distribution. The treatment plan included three lumbar epidural steroid injections at L4-5 to alleviate the injured worker's lumbar spine pain. The injured worker has been instructed to remain off work. The treating physician requested three (3) lumbar epidural steroid injections at L4-5. On 09-16-2015, Utilization Review (UR) non-certified the request for three (3) lumbar epidural steroid injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injections at L4-L5 x 3: 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: A lumbar epidural steroid injection at L4-5 x 3 is not medically necessary. The California MTUS page 47 states the purpose of epidural steroid injections 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections. Although the physical exam and diagnostic imaging does corroborate lumbar radiculopathy for which the procedure was requested, the guidelines does not support a series of injections; therefore, the requested service is not medically necessary.