

Case Number:	CM15-0196451		
Date Assigned:	10/12/2015	Date of Injury:	04/01/2011
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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 38 year old male with an industrial injury dated 04-01-2011. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder impingement and lumbar spine protrusion at L4-S1. In a progress report dated 06-10-2015, the injured worker reported chronic pain in the lumbar spine with radiation of pain to lower extremities. The pain level was 7 out of 10 and 5 out of 10 with medications. The treating physician reported that the Magnetic Resonance Imaging (MRI) of the lumbar spine dated 06-12-2012 revealed multilevel pathology. "L4-L5 with disc protrusion measuring 3.5mm in neutral position with bilateral transiting nerve roots with spinal canal and bilateral neural foraminal stenosis effacement to the left exiting nerve root in compression to the right exiting nerve root and facet arthropathy. Level L5-S1 was positive for disc protrusion measuring 4.9mm in neutral position with central canal stenosis together with bilateral transiting nerve root posterior displacement and bilateral neural foraminal stenosis with compression to the bilateral exiting nerve roots. Annular fissure tear and facet arthrosis." Physical exam (06-10-2015) revealed spasm and tenderness over the paravertebral muscles of lumbar spine with decreased range of motion on flexion and extension. Dysesthesia was noted in L4, L5 and S1 dermatomal distributions bilaterally. According to the progress note dated 09-14-2015, the injured worker reported follow up exam of his left shoulder and lumbar spine. The injured worker reported that he is doing worse since previous visit. The injured worker reported that he has been bed ridden approximately 4 times in month because of his back. Pain level was 9 out of 10 on a visual analog scale (VAS). Objective findings (09-14-2015) revealed loss of strength and mobility in

lumbar spine. The treating physician reported that the x-rays of the thoracic spine and lumbar spine revealed loss of lumbar lordosis. Treatment has included diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. The treatment plan included additional physical therapy, inferential unit, lumbar epidural steroid injection (ESI), heat and cold therapy, and follow up visit. The treating physician prescribed services for one lumbar epidural steroid injection, now under review. The utilization review dated 09-25-2015, non-certified the request for one lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: 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 clear evidence of a dermatomal distribution of radiculopathy. Therefore, the request is not medically necessary.