

Case Number:	CM15-0197252		
Date Assigned:	10/12/2015	Date of Injury:	09/16/2010
Decision Date:	11/25/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/07/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 55 year old male patient, who sustained an industrial injury on 9-16-2010. The diagnoses include new onset of axial spinal pain with marked lower extremity neuropathic radiculopathy. According to the progress report dated 9-7-2015, the patient presented with complaints of low back pain with radiation of pain shooting into right buttocks and down legs, associated with weakness in the right leg. On a subjective pain scale, he rated his pain 4 out of 10. The patient was "better after epidural steroid injection done 2 weeks ago"; however, there is no procedure report available for review. The physical examination of the lumbar spine revealed pain across the lumbar sacral area, decreased sensation to light touch in the right S1 dermatomes, and positive straight leg raise test on the right. The current medications are Celebrex, Butrans, Norco, and Zanaflex. Previous diagnostic studies include x-rays and MRI of the lumbar spine. The MRI from 11-18-2013 showed protrusions at L3-4 and L4-5. Treatments to date include medication management, physical therapy, and epidural steroid injection (2014). Work status is described as permanent and stationary. The original utilization review (9-22-2015) had non-certified a request for lumbar epidural steroid injection (unspecified level).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (unspecified level): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI 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 offers no significant long-term functional benefit. 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." Per the cited guideline, criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 7) 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." Unequivocal evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing is not specified in the records provided. As stated above, 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. In addition, per the records provided, the patient had a lumbar ESI in 2014 and per the note dated 9/7/15, the patient was "better after epidural steroid injection done 2 weeks ago." Previous ESI procedure reports are not specified in the records provided. Consistent evidence of 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 the previous lumbar ESI is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. Lumbar epidural steroid injection (unspecified level) is not medically necessary for this patient.