

Case Number:	CM15-0198310		
Date Assigned:	10/13/2015	Date of Injury:	11/15/2012
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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:

The injured worker is a 47 year old female, who sustained an industrial injury on 11-15-2012. She has reported subsequent low back pain radiating to the left lower extremity and was diagnosed with lumbar strain and status post-surgery of the left shoulder. MRI of the lumbar spine dated 08-24-2013 showed mild degenerative disk disease of L2-L5 without significant central canal or neuroforaminal narrowing. Treatment to date has included pain medication, physical therapy, interferential unit and lumbar epidural steroid injections. Documentation shows that lumbar epidural steroid injections were received on 10-02-2013 and 11-13-2014. The first injection was noted to provide no change in symptoms and the second injection was noted to have decreased pain by 50% for 3-4 months, however there was no medical documentation submitted around 11-13-2014 to support pain relief or objective functional improvement from the steroid injection. A doctor's first report of illness or injury in 01-2014 was submitted and subsequent progress notes were dated from 03-2015 and after. In a progress note dated 08-28-2015, the physician noted that on 08-26-2015 the injured worker had reported of a flare up of low back pain radiating to the left posterior thigh and leg and was requesting lumbar epidural steroid injection. Objective examination findings revealed an antalgic gait. Work status was documented as modified. The physician indicated that the injured worker appeared to have a left L5 radiculopathy and that he was asking for approval of a left L5 selective nerve root steroid injection with fluoroscopy. The patient sustained the injury when she was handling a water bucket. The medication list include Omeprazole, Diclofenac, Tramadol, Prednisone and Trazodone. Per the AME note, physical examination of the lumbar spine on 8/12/15 revealed no tenderness on palpation, no muscle spasm, negative SLR, and normal strength, reflexes and sensation in lower extremity. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left selective nerve root steroid injection at the L5 level under fluoroscopy: 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: 1 left selective nerve root steroid injection at the L5 level under fluoroscopy. 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). Per the AME note, physical examination of the lumbar spine on 8/12/15 revealed no tenderness on palpation, any muscle spasm, negative SLR, and normal strength, reflexes and sensation in lower extremity. The patient has received an unspecified number of PT visits for this injury. The detailed conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were 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. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The first injection was noted to provide no change in symptoms and the second injection was noted to have decreased pain by 50% for 3-4 months, however there was no medical documentation submitted around 11-13-2014 to support pain relief or objective functional improvement from the steroid injection. Per the cited guidelines, 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. Evidence of associated reduction of medication use, after the previous ESI, was not specified in the records provided. With this, it is deemed that the medical necessity of request for left selective nerve root steroid injection at the L5 level under fluoroscopy is not fully established for this patient, therefore is not medically necessary.