

Case Number:	CM15-0199836		
Date Assigned:	10/15/2015	Date of Injury:	10/25/2002
Decision Date:	11/30/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/12/2015

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

Certification(s)/Specialty: Emergency Medicine

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 59 year old male, who sustained an industrial-work injury on 10-25-02. He reported initial complaints of back pain. The injured worker was diagnosed with right sacroiliac joint pain with piriformis syndrome and right lumbar radiculopathy. Treatment to date has included medication, surgery (laminectomy on 7-2013 L3-4, L4-5 fusion in 2009). MRI results were reported on 2-10-15 notes fusion at L3-5, lumbar degenerative disc disease, no canal stenosis, and mild to moderate right L4-5 foraminal stenosis and mild to moderate left L5-S1 foraminal stenosis. Currently, the injured worker complains of chronic low back, hip, and buttock pain radiating down bilateral legs that is continually getting worse. There is tingling in both thighs and weakness that has led to use of a cane to prevent falls. Current medications include OxyContin, Escitalopram, and Zolpidem. Pain was rated 5-6 out of 10. Per the primary physician's progress report (PR-2) on 9-21-15, exam notes antalgic gait, using a cane, favoring right leg and unable to stand completely straight. Lumbar palpation has axial and myofascial moderate pain, severe burning with range of motion especially in flexion, tenderness in right sacroiliac joint, piriformis muscle, and greater trochanter, positive straight leg raise bilaterally, and sensory loss in right L5 distribution and bilateral L4 distribution. Current plan of care includes ESI (epidural steroid injection) as symptoms have worsened. The Request for Authorization requested service to include Bilateral L4-5 lumbar epidural steroid injection. The Utilization Review on 9-25-15 denied the request for Bilateral L4-5 lumbar epidural steroid injection, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 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: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long-term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. There is no long-term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. This appears to be a flare of patient's chronic pain with no noted conservative care prior to request for ESI. Patient is not on any medications for neuropathic pains. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.