

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0200379 | | |
| Date Assigned: | 10/15/2015 | Date of Injury: | 04/22/2015 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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: 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 46 year old male with an industrial injury dated 04-22-2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain with left lateral sciatica. According to the progress note dated 07-23-2015 and 07-30-2015, the injured worker reported left low back pain with occasional radiation into the left leg. Pain level was not reported. Objective findings (07-23-2015, 07-30-2015) revealed lower back no pain with near "nl" flexion to 80 degrees, pain with extension greater than 0 degrees, right lateral rotation 40 degrees and right lateral bending 30 degrees. The treating physician reported that the lumbar spine x-ray was negative. In a progress report dated 08-06-2015, the injured worker reported slow improvement since last examination. Treatment has included x-ray of lumbar spine, prescribed medications, 5 sessions of physical therapy with no improvement noted and periodic follow up visits. There was no radiographic imaging report submitted for review. The utilization review dated 09-16-2015, non-certified the request for outpatient lumbar epidural Injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Lumbar Epidural Injection at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 2015 web-based edition.

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

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. In this case, the medical records do not establish diagnostic studies corroborating the physical exam findings. In addition per ODG, "A high quality RCT concluded that Gabapentin and ESIs for radicular pain both resulted in modest improvements in pain and function, which persisted through three months. Some differences favored ESIs, but these tended to be small and transient. They recommended a trial with neuropathic drugs as a reasonable first line treatment option. (Cohen, 2015)" ODG notes that epidural steroid injections are recommended for those who have been unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants & neuropathic drugs). In this case, the medical records do not establish an attempt of treatment with a first line neuropathic agent such as immediate release Gabapentin. The request for Outpatient Lumbar Epidural Injection at L4-5 is not medically necessary and appropriate.