

Case Number:	CM15-0202312		
Date Assigned:	10/19/2015	Date of Injury:	09/29/2014
Decision Date:	12/03/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/14/2015

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 42 year old male patient, who sustained an industrial injury on 9-29-14. The diagnoses have included chronic lumbar strain and sprain with an S1 (sacroiliac) joint impingement on the left side, but also a disc protrusion with what appears to be signs consistent with radiculopathy secondary to the annular ear of the disc at L4-L5 with a left-sided disc protrusion. Per the doctor's note dated 3-18-15 he had complaints of back pain. The physical examination revealed able to forward flex about 40 degrees; extension limited to 10 degrees with shooting pain into his buttocks area and pain with palpation with deep palpation in the mid portion of his spine along the spinous process in the lumbosacral region and along what appears to be the left S1 (sacroiliac) join on the left side. The medications list includes ibuprofen, tramadol and Terocin patches. He had Magnetic resonance imaging (MRI) of the lumbar spine dated 3/4/15 which revealed slight narrowing of the L4-L5 interspace and a mild posterior disc protrusion, a 1.7 millimeter disc protrusion at the L4-L5 level adjacent to the posterior vertebral joint body margin with effacement of the adjacent anterior to the posterior vertebral joint body margin with effacement of the adjacent anterior thecal sac with narrowing of the left neural recess. He has had physical therapy with slight improvement. Per the UR dated 9/18/15, the patient had previous ESIs for this injury and currently requested ESI on 9/14/2015 note. The original utilization review (9-22-15) non-certified the request for left L4, L5 transforaminal epidural steroid injection times 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4, L5 transforaminal epidural steroid injection times 1: 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: Left L4, L5 transforaminal epidural steroid injection times 1. 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. The patient has had ESIs in the past. The date and notes of these procedures are not specified in the records provided. Documented evidence of functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks with previous lumbar epidural steroid injections, is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Left L4, L5 transforaminal epidural steroid injection times 1 is not fully established for this patient.