

Case Number:	CM15-0203704		
Date Assigned:	10/20/2015	Date of Injury:	03/04/2010
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 54 year old female with a date of injury on 03-04-2010. The injured worker is undergoing treatment for discogenic low back pain with L5-S1 radiculopathy. A physician note dated 02-13-2015 documents that her pain has gotten worse to the point that she cannot stand it anymore. She is now interested in having the injection in her back. She has an antalgic gait. She has decreased sensation in the left L5-S1 distribution. Straight leg raise is positive on the left. A physician progress note dated 08-21-2015 documents the injured worker has complaints of continued low back pain. She has complaints of pain on the left side radiating to her left foot and ankle and lower extremity with numbness and tingling. On examination there was diminished sensation in the L5-S1 dermatomal distribution. There was positive straight leg raising and she has an antalgic gait. It is documented the injured worker had "electrodiagnostic studies that were consistent with acute L5-S1 radiculopathy". Treatment to date has included diagnostic studies, medications and conservative treatment. The treatment plan is for a lumbar injection. On 09-18-2015 Utilization Review non-certified the request for a lumbar injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 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: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. 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 American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate a failure of conservative management (no physical therapy notes have been submitted), there is no documented failure of medications, nor does the submitted documentation include an official MRI report or an official electrodiagnostic study report to corroborate the injured workers symptoms. The request does not meet the criteria set forth in the guidelines and therefore the request is not medically necessary.