

Case Number:	CM15-0205019		
Date Assigned:	10/21/2015	Date of Injury:	10/05/2005
Decision Date:	12/11/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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 54 year old male who sustained an industrial injury on 10-5-05. A review of the medical records indicates that the worker is undergoing treatment for chronic pain syndrome, lumbar sprain-strain injury, lumbosacral radiculopathy, lumbosacral disc injury, cervical sprain-strain, cervical disc injury, history of cervical fusion at C4-C5, failed neck pain syndrome, carpal tunnel syndrome, and status post history of carpal tunnel release surgery. Subjective complaints (4-25-15) include constant low back pain rated 5-8 out of 10 and when severe, will radiate to the right lower extremity. Objective findings (9-24-15) include decreased cervical and lumbosacral range of motion, tenderness to palpation in the cervical and lumbosacral paraspinal musculature, positive straight leg raise, decreased strength of both hands, and positive Tinel's and Phalen's tests. Previous treatment includes epidural steroid injection, medication, physical therapy, electro-acupuncture, and home exercise. The medication list include Norco, Flexeril, Trazodone and MS Contin. The patient had used a TENS unit for this injury. The patient has had MRI of the lumbar spine on 10/3/14 that revealed disc protrusions, foraminal and central canal narrowing. The patient's surgical history include gastric bypass, bilateral CTR, cervical fusion and bilateral knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection Under Fluoroscopic Guidance: 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: Lumbar Epidural Steroid Injection Under Fluoroscopic Guidance. 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). Lack of response to conservative treatment including exercises and physical methods, was not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. A response to recent rehab efforts including physical therapy or a 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. The response of the radiculopathy symptoms to anticonvulsants for chronic nerve related pain was not specified in the records provided with this; it is deemed that the medical necessity of request for Lumbar Epidural Steroid Injection under Fluoroscopic Guidance is not medically necessary for this patient.