

Case Number:	CM15-0206145		
Date Assigned:	10/23/2015	Date of Injury:	06/27/2014
Decision Date:	12/11/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/20/2015

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 52 year old male, who sustained an industrial injury on 06-27-2014. The injured worker is currently temporarily partially disabled. Medical records indicated that the injured worker is undergoing treatment for bilateral knee degenerative joint disease, bilateral knee contusion, C5-6 disc degeneration, lumbar strain, right L3 radiculopathy versus right hip degenerative joint disease or labral tear, and L4-5 and L5-S1 facet arthropathy. Treatment and diagnostics to date has included acupuncture, lumbar spine MRI, and medications. Recent medications have included Norco and Restoril. Subjective data (07-27-2015 and 08-28-2015), included neck, low back, and bilateral knee pain rated 7 out of 10 without medication and 0 out of 10 with medication. Objective findings (08-28-2015) included "no palpable tenderness" of paravertebral muscles, sacroiliac joints, flanks, or coccyx. The patient had normal strength and sensation. The patient had received an unspecified number of acupuncture and PT visits for this injury. The medication list include Norco, Lexapro, Restoril and Duexis. The patient has had MRI of the lumbar spine on 3/23/15 that revealed disc protrusions, foraminal narrowing, and degenerative changes. Per the note dated 10/20/15 the patient had complaints of low back pain at 1-7/10. Physical examination of the lumbar spine revealed normal gait, no tenderness on palpation, normal strength and sensation and reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L2-L3 epidural steroid injection (ESI) and selective nerve root block, quantity 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: Right L2-L3 epidural steroid injection (ESI) and selective nerve root block, quantity 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). Evidence of radiculopathy on physical examination and corroborated by imaging studies and/or electrodiagnostic testing was not specified in the records specified. Per the note dated 10/20/15 the physical examination of the lumbar spine revealed normal gait, no tenderness on palpation, normal strength and sensation and reflexes. Evidence of positive SLR was not specified in the records specified. Significant functional deficits on physical examination were not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants 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 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. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Right L2-L3 epidural steroid injection (ESI) and selective nerve root block, quantity 1 is not fully established for this patient, therefore is not medically necessary.