

Case Number:	CM15-0209352		
Date Assigned:	10/28/2015	Date of Injury:	09/15/2013
Decision Date:	12/15/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/23/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 20-year-old female with a date of industrial injury 9-15-2013. The medical records indicated the injured worker (IW) was treated for lumbar radiculopathy secondary to L3-4 and L4-5 disc protrusion. In the progress notes (9-1-15, 9-30-15), the IW reported her back pain and right lumbar radicular pain was unchanged. On examination (9-30-15 notes), there was diffuse tenderness to the right of the thoracolumbar midline. Forward bending was 60 degrees and extension was 10 degrees. Straight leg raise was positive at 70 degrees on the right only. The lower extremities were pain-free with range of motion. Proximal and distal motor strength was grossly normal in the lower extremities and sensation to light touch and pinprick was intact throughout. Deep tendon reflexes were symmetrical at the knees and ankles. Treatments included medications (Tramadol and Anaprox), physical therapy, activity modifications and ice and heat. MRI of the lumbar spine on 9-10-15 showed small disc protrusions at L3-4 and L4-5, which were slightly progressed, compared to the previous exam. The IW was 'permanent and stationary'. The provider believed the IW would benefit from epidural steroid injections. The physical exam did not support the presence of radicular pain. A Request for Authorization dated 10-15-15 was received for a trial of three epidural steroid injections at right L3-4 and L4-5 levels. The Utilization Review on 10-21-15 non-certified the request for a trial of three epidural steroid injections at right L3-4 and L4-5 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of 3 epidural injections at the right L3-4 and L4-5 level: 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: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing back pain. The documented pain assessments did not contain the majority of the elements encouraged by the Guidelines. These records did not detail the worker's failed conservative treatment or sufficiently document objective findings of radiculopathy. There also was no discussion describing special circumstances that sufficiently supported this request. Further, the request was for three injections, which would not account for changes in the worker's care needs. For these reasons, the current request for a trial of three epidural injections at the right L3 and L4 levels is not medically necessary.