

Case Number:	CM15-0028787		
Date Assigned:	02/20/2015	Date of Injury:	02/22/2013
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/17/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 36-year-old male with an industrial injury dated 02/22/2013 while picking up trash. His diagnoses include disc protrusions at T11-S1, multilevel spinal stenosis, degenerative disc disease, lumbar spine radiculopathy, and erectile dysfunction. Recent diagnostic testing has included a MRI of the lumbar spine (04/22/2014), showing degenerative changes, mild spinal stenosis and moderate narrowing of the right lateral recess at the L4-L5 level with a noted 4mm central/right paracentral protrusion which contacts with the right L5 nerve root in the right lateral recess. Moderate narrowing of the left lateral recess at L5-S1 where there is a 3mm left paracentral protrusion which contacts the left S1 nerve root, and a 3 mm central disc protrusion at the T11-T12 level. Previous treatments have included conservative care, medications, and consultations. In a progress note dated 12/10/2014, the treating physician reports constant and sharp pain in the lumbar spine radiating into both lower extremities with numbness and weakness in both lower extremities, a pain rating of 6/10, and erectile dysfunction. The objective examination revealed restricted range of motion in the lumbar spine, tenderness in the paraspinal musculature, and negative toe and heel walk. The treating physician is requesting lumbar epidural steroid injection x1 which was denied by the utilization review. On 01/20/2015, Utilization Review non-certified a request for lumbar epidural steroid injection x1, noting the lack of clear findings for radiculopathy and the absence of MRI findings. The MTUS Guidelines were cited. On 02/17/2015, the injured worker submitted an application for IMR for review of lumbar epidural steroid injection x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (ESIs): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections section Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. The medical records indicate that the injured worker has low back pain with radiculopathy to the right lower extremity. The only significant physical exam findings to support this treatment request is positive straight leg raise, right greater than left. MRI findings are reported to be significant for the L4-5 with a 4 mm right paracentral protrusion contacting the right L5 nerve root, and a left L5-S1 3 mm protrusion contacting the left S1 nerve root. The injured worker was provided bilateral L5 and S1 transforaminal epidural steroid injection on 2/13/2015. The medical reports only support epidural steroid injection for right L5 nerve root. The history and exam do not indicate that there is radiculopathy in the left L5 and bilateral S1 dermatomes that is corroborated by imaging studies and/or electrodiagnostic testing. The request for Lumbar Epidural Steroid Injection (ESIs) is determined to not be medically necessary.