

Case Number:	CM15-0214208		
Date Assigned:	11/04/2015	Date of Injury:	03/31/2009
Decision Date:	12/22/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/30/2015

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: Physical Medicine & Rehabilitation

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 64 year old with a date of injury on 03-31-2000. The injured worker is undergoing treatment for lumbar radiculopathy, lumbar spine strain, and herniated nucleus pulposus. On 08-25-2015 it is documented he has ongoing low back pain and bilateral lower extremity pain. He has approximately 40% continued relief from the lumbar steroid epidural injection. A physician progress note dated 09-02-2015 documents the injured worker has continued complaints of low back pain with radiation into his calves and feet. He received a lumbar steroid epidural injection on 07-29-2015 and is 30% better from the injection. A physician note dated 09-22-2015 documents the injured worker has complaints of low back pain radiating to his legs. He rates his pain as a 5 on a scale of 0 top 10. His pain as its worst is 8 out of 10. He has a normal gait. He has some bilateral lumbosacral paraspinous tenderness but range of motion in the low back is preserved. Straight leg raise is mildly positive at full extension. He has stopped his Meloxicam because it was causing elevation of his blood pressure as well as GI upset. He gets significant partial relief from his low doses of Hydrocodone. He previously underwent a transforaminal lumbar epidural injection and reports the he continues to have 40% pain relief. He was able to complete some light gardening and housework. He is taking a half a tablet of Norco at a time. He is temporarily totally disabled. Treatment to date has included diagnostic studies, medications, epidural steroid injections, and acupuncture. Current medication includes Norco. The Request for Authorization dated 09-07-2015 includes LESI (lumbar epidural steroid injection), Bilateral (lumbar) L4-L5, and L5-S1 (sacroiliac) with CT (computerized tomography) guidance. On 10-15-2015 Utilization Review non-certified the request for LESI (lumbar epidural steroid injection), Bilateral (lumbar) L4-L5, L5-S1 (sacroiliac) with CT (computerized tomography) guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI (lumbar epidural steroid injection), Bilateral (lumbar) L4-L5, L5-S1 (sacroiliac) with CT (computerized tomography) 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: The patient was injured on 03/03/09 and presents with low back pain. The request is for a LESI (lumbar epidural steroid injection), Bilateral (lumbar) L4-L5, L5-S1 (sacroiliac) with CT (computerized tomography) guidance. The RFA is dated 09/07/15 and the patient's current work status is not provided. The patient had a prior lumbar ESI on 07/29/15 at L4-L5. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 46, Epidural Steroid Injections (ESIs) section states: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The patient bilateral lumbosacral paraspinous tenderness and a mildly positive straight leg raise at full extension. He is diagnosed with lumbar radiculopathy, lumbar spine strain, and herniated nucleus pulpous. Treatment to date includes diagnostic studies, medications, epidural steroid injections, and acupuncture. The patient had a prior lumbar ESI on 07/29/15 at L4-L5 which provided 40% relief. "He is now able to complete some light gardening and housework." Although the patient is diagnosed with lumbar radiculopathy, there are no corroborating imaging studies showing a potential nerve root lesion to consider an ESI. Furthermore, MTUS Guidelines require documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks; however, the patient has only noted 40% relief with prior ESI. The requested lumbar spine epidural steroid injection IS NOT medically necessary.