

Case Number:	CM15-0214338		
Date Assigned:	11/04/2015	Date of Injury:	12/17/2013
Decision Date:	12/18/2015	UR Denial Date:	10/01/2015
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 32 year old male who sustained an industrial injury on 12-17-13. The injured worker reported back discomfort with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for left lumbosacral radiculopathy. Medical records dated 10-6-15 indicate since "his prior epidural injection, the patient is no longer taking narcotic medications". Treatment has included epidural injection, chiropractic treatments, electrodiagnostic testing, medication management and lumbar spine magnetic resonance imaging. Objective findings dated 10-6-15 were notable for lumbar spine with decreased range of motion, tenderness to palpation with trigger points and muscle spasms to left iliolumbar ligaments and bilateral lumbar spine paraspinal muscles, decreased sensation to light touch to the dorsal aspect of the left foot. The original utilization review (10-1-15) denied a request for a retrospective request for LESI to the left L4, L5 and S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for LESI to the left L4, L5 and S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: This is a Retrospective request for LESI to the left L4, L5 and S1. Treatment has included epidural injection, chiropractic treatments, electrodiagnostic testing, medication management, physical therapy and lumbar spine magnetic resonance imaging. MTUS, page 46, Epidural steroid injections (ESIs) Section states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants.)" For repeat ESI, MTUS states, "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 requesting physician provided an appeal letter dated 10/07/15. According to this report, the patient presents with chronic low back pain with radiation of pain in the lower extremities. Objective findings of the lumbar spine revealed decreased range of motion, tenderness to palpation with trigger points and muscle spasms, decreased sensation to light touch to the dorsal aspect of the left foot, and a positive straight leg raise. The treater states that the patient underwent a previous lumbar epidural steroid injection, and reported 75% decrease in pain for over 8 weeks, which resulted in him no longer needing narcotic medications. The medical file includes no further progress reports. Although the treater reports that the patient received significant pain relief following the initial ESI, the 27 page medical file included no progress reports, and no MRI or EMG/NCV results. MTUS is clear that epidural injections are for patients that present with dermatomal distribution of pain/paresthesia, with positive examination findings AND corroborated imaging studies and/or electrodiagnostic testing. For repeat ESI, MTUS states, that there should be "continued" objective documented pain and functional improvement, and the treater has only provided an appeal letter documenting such information. The criteria for a repeat injection have not been met; therefore, the request is not medically necessary.