Case Number:	CM15-0218607		
Date Assigned:	11/10/2015	**Date of Injury:**	07/18/2013
Decision Date:	12/22/2015	**UR Denial Date:**	10/30/2015
Priority:	Standard	**Application Received:**	11/06/2015

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: Washington, 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:

This is a 53 year old male who sustained a work-related injury on 7-18-13. Diagnosis has included lumbar radiculopathy and lumbar spinal stenosis. Treatment has included multiple epidural steroid injections, acupuncture therapy, chiropractic therapy and medication. Lumbar x-ray on 1-30-15 showed a loss of disc height, degeneration of the facet joints at L4-L5 and L5-S1 with foraminal stenosis. A lumbar MRI (no date given) showed stenosis at multiple levels from L2 to S1 particularly worse at L4-L5 and L5-S1. Electromyogrpahic studies (date not given) were consistent with L4, L5, S1 radiculopathy. The radiology reports were not included in the submitted documentation. Medical record documentation on 10-9-15 reported continued low back pain. It noted that the injured worker had a recent epidural injection that helped to reduce the leg pain significantly and the pain was essentially gone. The low back pain was reduced overall by 40%. There was no documented exam at that visit. Exam on a prior visit (1-30-15) noted back tenderness, limited lumbar range of motion, positive straight leg raise bilaterally and normal sensory exam. The recommendation was for a repeat epidural steroid injection at L4-5 and L5-S1. A previous lumbar transforaminal epidural steroid injection was administered at left L4-5 and L5-S1 on 7-11-15. A request for outpatient lumbar epidural steroid injection at left L4-5 was received on 10-27-15. On 10-30-15, the Utilization Review physician determined outpatient lumbar epidural steroid injection at left L4-5 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Lumbar epidural steroid injection (ESI) at left L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation American Society of Interventional Pain Physician: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations.

Decision rationale: The best medical evidence today for individuals with low back pain indicates that having the patient return to normal activities provides the best outcomes. Therapy should be guided, therefore, with modalities that will allow this outcome. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS the present recommendations are for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The American Society of Interventional Pain Physicians (ASIPP) found limited evidence for accuracy of diagnostic nerve blocks but recommends diagnostic selective nerve root blocks in the lumbar spine in select patients with an equivocal diagnosis and involvement of multiple levels. Therapeutically, ASIPP noted good evidence for use of epidural steroid injections for managing disc herniation or radiculitis; fair evidence for axial or discogenic pain without disc herniation, radiculitis or facet joint pain with caudal and lumbar interlaminar epidural injections, and limited evidence with transforaminal epidural injections. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. In the documented care for this patient these criteria are not met. Even though the imaging studies show an abnormality consistent with the criteria and prior ESIs were effective at reducing the patient's pain, the provider did not document an exam supporting continued radicular abnormalities nor document that the patient is unresponsive to conservative therapy. This is required by the MTUS for this procedure. At this point in the care of this patient medical necessity for this procedure has not been established, therefore is not medically necessary.