

Case Number:	CM15-0225391		
Date Assigned:	11/23/2015	Date of Injury:	03/03/2014
Decision Date:	12/31/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/17/2015

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: Connecticut, California, Virginia
 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 57-year-old male who sustained an industrial injury on 3-3-14. A review of the medical records indicates he is undergoing treatment for bilateral low back pain with sciatica, sciatica laterality, cervical spine pain, foraminal stenosis of the cervical region, back pain, bulge of cervical disc without myelopathy, cervical dystonia, degeneration of cervical intervertebral disc, lumbar disc degeneration, cervical facet arthropathy, history of cervical spine fusion, lumbar disc herniation, lumbar facet arthropathy, lumbar foraminal stenosis, cervical radiculitis, and opioid dependence. Medical records (7-22-15, 10-16-15) indicate complaints of neck pain that radiates to bilateral shoulders and low back pain that radiates to the right lower extremity. He rates the pain "8 out of 10". He describes his low back pain as "constant, numbing, shooting, and throbbing". He also complains of insomnia. The physical exam of the lumbar spine (10-16-15) reveals range of motion within normal limits. The straight leg raise is negative bilaterally. The sacroiliac distraction and piriformis provocation tests are negative bilaterally. Diagnostic studies have included x-rays and an MRI of the lumbar spine. Treatment has included medications, activity modification, physical therapy, and a home exercise program. He is not working. The treatment recommendations include a lumbar epidural steroid injection at L4-5 and L5-S1. The utilization review (11-10-15) includes requests for authorization of L4-5 and L5-S1 epidural steroid injections. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Epidural Steroid Injection QTY 1: 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: Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The MTUS clearly states that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, with disc protrusions on imaging but overall lack of clear radiculopathy on physical exam, the request for epidural steroid injection cannot be considered medically necessary at this time.

L5-S1 Epidural Steroid Injection QTY 1: 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: Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The MTUS clearly states that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, with disc protrusions on imaging but overall lack of clear radiculopathy on physical exam, the request for epidural steroid injection cannot be considered medically necessary at this time.