

Case Number:	CM15-0032169		
Date Assigned:	02/26/2015	Date of Injury:	06/16/2009
Decision Date:	04/09/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/20/2015

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 37 year old male who sustained a work related injury on June 16, 2009. There was no mechanism of injury documented. The injured worker was diagnosed with degenerative disc disease of L4-L5 and L5-S1, lumbar radiculopathy and chronic myofascial sprain/strain of the lumbosacral spine. According to the primary treating physician's progress report on January 30, 2015 the patient continues to experience low back pain radiating to the right lower extremity. Range of motion was within normal limits but painful. Tenderness was noted in the lumbosacral area and paraspinal muscles. No spasms were evident. Straight leg raise on right was 45 degrees and on the left at 90 degrees. According to the physician's report on November 21, 2014 the injured worker received an epidural steroid injection (ESI) on September 10, 2014 which helped temporarily. Current medications are listed as Relafen, Robaxin, Norco, Ambien, Nortriptyline and Prilosec. The injured worker is to continue home exercise program. The injured worker is Permanent & Stationary (P&S). The treating physician requested authorization for outpatient lumbar epidural steroid injections at L4-5 and L5-S1. On February 10, 2015 the Utilization Review denied certification for outpatient lumbar epidural steroid injections at L4-5 and L5-S1. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injections at the L4-5 and L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic'.

Decision rationale: The 37 year old patient presents with pain in the lower back radiating to the right lower extremity, rated at 8-9/10 without medications and 3-4/10 with medications, as per progress report dated 01/30/15. The request is for OUTPATIENT LUMBAR EPIDURAL STEROID INJECTIONS AT L4-5 AND L5-S1 LEVELS. The RFA for this case is rated 01/30/15, and the patient's date of injury is 06/16/09. Diagnoses, as per progress report dated 01/30/15, included chronic myofascial sprain and strain of lumbosacral spine, degenerative disc disease of lumbosacral spine at L4-5 and L5-S1, and lumbar radiculopathy. The patient is permanent and stationary, as per progress report dated 01/30/15. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." 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." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that: At the time of initial use of an ESI (formally referred to as the diagnostic phase as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the patient is status post lumbar ESI on 09/10/14, as per the operative report. As per progress report dated 01/30/15, the patient says he has a first epidural injection which helped and he wants to have a second one. MTUS guidelines, however, recommend repeat injections only when there is documentation of greater than 50% reduction in pain, objective functional improvement, and associated reduction in medication use for at least six to eight weeks. The reports provided for review do not document the required criteria as outlined by the MTUS guidelines. Hence, the request IS NOT medically necessary.