

Case Number:	CM15-0034271		
Date Assigned:	03/02/2015	Date of Injury:	09/19/1996
Decision Date:	04/08/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/24/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 48-year-old male, who sustained an industrial injury on 09/19/1998. The diagnoses have included lumbar degenerative disc disease with intractable low back pain and failed lumbar back surgery syndrome. Noted treatments to date have included back surgery, Transcutaneous Electrical Nerve Stimulation Unit, and medications. No MRI report noted in received medical records. In a progress note dated 12/05/2014, the injured worker presented with complaints of cough and more pain in his back. The treating physician reported the injured worker's pain is very bad and that he would have to lie in bed all day without his medication. Utilization Review determination on 02/02/2015 non-certified the request for Bilateral L4-5 and L5-S1 Epidural Steroid Injection citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injection L5-S1 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants). 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured workers working diagnoses are lumbar degenerative disc disease with intractable low back pain; failed back surgery syndrome; depression; fatigue secondary to insomnia; situational stress; nonindustrial pathologic rib fracture. Subjectively, the injured worker states he isn't feeling well and has a cough with pain in his back according to a December 2014 progress note. There are no radicular symptoms noted. Objectively, the treating physician addresses vital signs and states the patient is neatly groomed, clear, cogent, unimpaired by medications, good eye contact with the depressed affect and is wearing a mask. There are no objective clinical signs in the physical examination section of the medical record. There is no neurologic evaluation. There are no clinical symptoms or signs indicative of radiculopathy. There were no imaging studies or electrodiagnostic studies to corroborate the objective findings not documented in the medical record. Consequently, absent clinical documentation of radiculopathy with imaging and/or electrodiagnostic studies to corroborate radiculopathy, epidural steroid injection at L5 - S1 is not medically necessary.