

Case Number:	CM15-0035616		
Date Assigned:	03/04/2015	Date of Injury:	09/11/2012
Decision Date:	04/15/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/25/2015

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 31 year old male, who sustained an industrial injury on September 11, 2012. He has reported a back injury. The diagnoses have included lumbago. Treatment to date has included medications, previous epidural steroid injections. Currently, the IW complains of low back pain. A magnetic resonance imaging of the lumbar spine done in 2013 reveals disc protrusion, and mild spinal stenosis at L5-S1. He had electrodiagnostic studies which revealed right L5 and S1 radiculitis. The records indicate 50% pain relief with previous injection on September 23, 2014, and this lasted for 4 months. He rates his pain as 8-9/10 without medications, and 1-2/10 with medications. Physical findings indicated are a positive straight leg raise test, normal motor strength and sensation. The records indicate physical therapy had been tried and failed, and that Norco provides 50% pain relief. On February 9, 2015, Utilization Review non-certified one lumbar epidural steroid injection to the L5-S1 with fluoroscopic guidance and conscious sedation. The MTUS and ODG guidelines were cited. On February 24, 2015, the injured worker submitted an application for IMR for review of one lumbar epidural steroid injection to the L5-S1 with fluoroscopic guidance and conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection (ESI), Lumbar L5-S1, with fluoroscopic guidance & conscious sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web) 2014, Pain, Epidural steroid injection (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with lower back pain, which radiates into the right leg, rated 8-9/10 without medications and 1-2/10 with medications. The patient's date of injury is 09/11/12. Patient is status post lumbar ESI at L5-S1 level on 09/23/14. The request is for EPIDURAL STEROID INJECTION -ESI- LUMBAR L5-S1 WITH FLUOROSCOPIC GUIDANCE AND CONSCIOUS SEDATION. The RFA was not provided. Physical examination dated 01/27/15 reveals tenderness to palpation to the lumbar paraspinal muscles on the right, pain elicitation with flexion of the lumbar spine, and a positive straight leg raise test on the right. The patient is currently prescribed Tramadol, Zolpidem, Diclofenac, Norco, Cyclobenzaprine, and Omeprazole. Diagnostic imaging was not included. Per 01/27/15 progress note, patient is advised to return to work with modifications. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." In this case, the treater is requesting a repeat lumbar ESI for the management of this patient's chronic lower back pain, following a previous injection on 09/23/14. Per progress note dated 01/27/15, the physician states: "His pain has gotten worse in the past 3 weeks or so as the previous lumbar ESI wears off. He had gotten over 50 percent improvement for over 4 months with his previous lumbar ESI." Radiculopathy appears substantiated by 01/27/15 progress report of pain that radiates into the right leg along with a positive straight leg raise test on the right. Electrodiagnostic studies confirm L5,S1 radiculitis. The efficacy of previous injections is established by a significant pain reduction lasting 4 months; an additional lumbar ESI is substantiated. This request IS medically necessary.