

Case Number:	CM15-0035745		
Date Assigned:	03/04/2015	Date of Injury:	01/01/2007
Decision Date:	04/15/2015	UR Denial Date:	02/20/2015
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 53-year-old female, who sustained an industrial injury on January 1, 2007. The injured worker had sustained a low back injury. The diagnoses have included lumbar spondylosis, low back pain, depression and resolved left foot pain. Treatment to date has included medications, x-rays, scoliosis study, orthopedic evaluation, epidural steroid injection, electrodiagnostic studies and an MRI. The epidural steroid injection was noted to be effective for two weeks. Current documentation dated February 4, 2015 notes that the injured worker reported low back pain and right buttock pain. The pain was rated an eight out of ten on the Visual Analogue Scale. The injured worker was noted to have a history of depression and felt down all the time. No physical examination was performed. The treating physician recommended a lumbar epidural steroid injection for the pain. On February 20, 2015 Utilization Review non-certified a request for a lumbar epidural steroid injection to level four-level five. MTUS, Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (ESI) L4-L5: Upheld

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

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

Decision rationale: Based on the 02/04/15 progress report, the patient presents with low back pain with radiating symptoms to the right buttock and leg, rated 8/10. The request is for lumbar epidural steroid injection (ESI) L4-L5. There is no RFA provided. The diagnoses have included lumbar spondylosis, low back pain, depression and resolved left foot pain. There is no physical examination included on progress reports. Per same report, the provider reports an EMG study completed in November 2012 turned positive for peripheral neuropathy and MRI of the lumbar spine, dated 12/03/13 revealed scar tissue over the right nerve root L4- L5. Treatment to date has included medications, x-rays, scoliosis study, orthopedic evaluation, epidural steroid injection, electrodiagnostic studies and an MRI. Per treater report 02/04/15, patient's prior ESI provided 2 weeks of pain relief. The patient is 70% permanently disabled with future medical care, per 02/04/15 report. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs) page 46 states these are, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of epidural steroid injections states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and 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, there were no physical exam findings provided. The physician has not identified a specific dermatomal distribution of symptoms. The MRI was reported to show scar tissue on the L4-5 nerve roots, but the report was not provided for this review. There was apparently an electrodiagnostic study performed that showed neuropathy, but it is not known if there was a specific level of radiculopathy. Furthermore, the patient was reported to have had an epidural injection in the past that only provided 2-weeks of relief. The MTUS criteria for epidural steroid injections have not been met. The request for the lumbar epidural steroid injection (ESI) at L4-L5 is not medically necessary.