

Case Number:	CM15-0044505		
Date Assigned:	03/16/2015	Date of Injury:	09/29/2004
Decision Date:	08/25/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 52 year old female, who sustained an industrial injury on 9/29/04. She has reported initial complaints of a back injury. The diagnoses have included lumbar degenerative disease, lumbar radiculopathy, and myofascial pain syndrome and lumbosacral sprain/strain injury. Treatment to date has included medications, work restrictions, therapy, electro-acupuncture, Transcutaneous electrical nerve stimulation (TENS) home exercise program (HEP), and Functional Restoration Program. Currently, as per the physician progress note dated 10/20/14, the injured worker complains of low back pain that radiates down the bilateral lower extremities and the pain on the left goes to her feet. She notes that the pain is alleviated with medications. She continues to work full time and is tolerating this well. The pain is rated 6/10 on pain scale. The objective findings reveal that she ambulates without a device, there is lumbar tenderness to palpation, and decreased lumbar range of motion is noted and positive straight leg raise on the left side. The current medications included Flexeril, Lyrica, Lidoderm patches, and Ketoprofen cream topically. The previous therapy sessions are included in the records. There are no previous diagnostic reports noted. The physician requested treatment included Epidural Steroid Injections under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injections under flouroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, the injured worker has had ESI before with significant relief. She has also completed a functional restoration program with a positive outcome. She is currently having an acute exacerbation of pain but continues to work. The available documentation states that she is tolerating the pain well. As this is an acute exacerbation of pain, the injured worker should be able to manage it conservatively without injection. The request for epidural steroid injections under fluoroscopy is determined to not be medically necessary.