

Case Number:	CM15-0046752		
Date Assigned:	03/19/2015	Date of Injury:	07/22/2014
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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 34 year old, male patient, who sustained an industrial injury on 07/22/2014. A primary treating office visit dated 01/23/2015, reported subjective complaint of constant lumbar spine pain that is relieved with use of analgesics only. Of note, he occasionally smokes cannabis to relieve pain. Previous treatment to include epidural steroid injection L5-S1 11/17/2014 noted with positive effect. He was scheduled to undergo electric conduction nerve testing, of which he did not follow through. Objective findings showed lumbar spine with positive straight leg raise on left, L5-S1 nerve impingement signs on left lower extremity. The plan of care involved undergoing the electrical nerve conduction study of left lower extremity, recommending an epidural steroid injection and prescribe medications Naproxen and Norco 10. He is to participate in sedentary work only. A neurological consultation dated 01/15/2015 had the impression of lumbar radiculopathy secondary to a 4-5mm disc herniation at the L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection x2 L5-S1: 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 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 34 year old patient presents with constant pain in the lumbar spine and left side sciatic pain, as per progress report dated 02/23/15. The request is for Lumbar Epidural Steroid Injection X 2 L5-S1. There is no RFA for this case, and the patient's date of injury is 07/22/14. The patient is status post left carpal tunnel syndrome, status post transposition of a nerve in the hand, and status post surgery for ganglion cyst, as per progress report dated 01/15/15. Diagnoses included lumbar radiculopathy secondary to disc herniation at L5-S1. In progress report dated 02/04/15, the pain is rated at 8-9/10. The patient is temporarily totally disabled, as per progress report dated 01/15/15. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46, "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 injection." In this case, the patient is status post lumbar ESI on 11/17/14, as per the operative report. In progress report dated 01/15/15, the treating physician states that the injection "helped to reduce significantly the pain going into the patient's left leg; however, the injection did not reduce the back pain and now pain has extended into the right proximal leg." In progress report dated 12/19/14, the treating physician states that "I do not recommend any more injections for him as his left-sided pain has improved." However, there is no documentation of objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, as required by MTUS for repeat injections. Given the lack of relevant documentation, the request is not medically necessary.