

Case Number:	CM15-0054778		
Date Assigned:	03/30/2015	Date of Injury:	12/20/2013
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/23/2015

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: Iowa

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 57-year-old female, who sustained an industrial injury on 12/20/13. She reported low back pain. The injured worker was diagnosed as having right disc radiculopathy, lumbar spine L4-5 disc bulge and lumbar spine L5-S1 disc bulge. Treatment to date has included chiropractic treatment, physical therapy, and pharmacologic treatment of muscle relaxants, opioids and non-steroidal anti-inflammatory. (MRI) magnetic resonance imaging of lumbar spine was performed on 2/13/14 and showed disc herniation at L4-5. Currently, the injured worker complains of continued low back pain. Progress note dated 2/3/15 noted left leg pain improved following lumbar epidural steroid injection, and objective findings of tenderness to the lower lumbar area with restricted range of motion. The treatment plan included continuing epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI #2 L4-5 left: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: According to MTUS guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain and can provide short-term pain relief in conjunction with other rehab efforts, including a home exercise program. The guidelines state the radiculopathy must be documented by physical examination, corroborated by imaging studies and/or electrodiagnostic testing, and the patient should be initially unresponsive to conservative treatment. A maximum of two injections should be performed, with the second used only if there is inadequate response to the first injection. Applicable MTUS criteria for this case include; 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); 3) 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. Medical documentation indicates failure of conservative therapy, although it does not detail all of these therapies. Also, it appears that some therapies, such as acupuncture, were helpful to the patient, but this is not addressed in the request. Physical exam shows evidence of radiculopathy, but it is inconsistently documented and the latest note does not contain radicular findings. MRI does show herniation. The patient received one injection previously, and the documentation states it gave "some relief"; however, this is not quantified and there is no documentation of functional improvement or reduction in medication use. Therefore, the request for LESI #2, L4-5 left, is not medically necessary at this time.

LESI #3 L4-5 left: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: According to MTUS guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain and can provide short-term pain relief in conjunction with other rehab efforts, including a home exercise program. The guidelines state the radiculopathy must be documented by physical examination, corroborated by imaging studies and/or electrodiagnostic testing, and the patient should be initially unresponsive to conservative treatment. A maximum of two injections should be performed, with the second used only if there is inadequate response to the first injection. A hand-written note in the application indicates that the #3 injection is no longer requested; however, it was included on this case so it will be

considered on its individual merits. Similar to the request for #2 above, medical documentation indicates inconsistent documentation of conservative therapy and physical exam evidence of radiculopathy. Evidence-based guidelines do not support a third injection. Therefore, the request for LESI #3, L4-5 left, is not medically necessary.