Case Number:	CM15-0087519		
Date Assigned:	05/11/2015	**Date of Injury:**	02/13/2013
Decision Date:	06/15/2015	**UR Denial Date:**	04/21/2015
Priority:	Standard	**Application Received:**	05/06/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old male patient who sustained an injury on February 13, 2013. The current diagnoses include lower back pain with L4-L5 spondylosis and moderate stenosis. Per the progress note dated March 30, 2015, he had complaints of lower back pain at 6/10 with radiation to the bilateral legs; neck pain rated at a level of 5/10. The physical examination revealed diffuse lumbar paraspinal tenderness and spasm; sensation and strength intact throughout. The medications list includes Motrin, Prilosec and Voltaren gel. He has had magnetic resonance imaging of the lumbar spine on 3/17/15, which revealed bulging disc and moderate stenosis at L4-5, x-ray of the lumbar spine which revealed slight spondylolisthesis one to two millimeters at L4-L5 with some mild loss of disc height at L4-L5; left shoulder MRI on 3/17/15, right knee on 3/17/15 and cervical MRI on 3/7/15. He has had two times epidural steroid injection in 2013 with approximately two to three months relief and physical therapy with temporary improvement. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included lumbar spine epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Request: L4-L5 Epidural Steroid Injection. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "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). 7) 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." She had complaints of back pain with radiation to the bilateral legs. The physical examination revealed normal strength and sensation in bilateral lower extremity. Unequivocal evidence of radiculopathy documented by physical examination and corroborated by electrodiagnostic testing is not specified in the records provided. He has had 2 epidural steroid injections in 2013 with approximately two to three months relief. However the records provided do not specify objective documentation of at least 50% improved functional response and decrease in need for pain medications, for a duration six to eight weeks with prior lumbar steroid injections. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Failure to previous conservative therapy including physical therapy visits and pharmacotherapy (anticonvulsant or antidepressant) is not specified in the records provided. The medical record identifies that medications help control the pain. As stated above, ESI alone offers no significant long-term functional benefit. The L4-L5 Epidural Steroid Injection is not medically necessary for this patient.