

Case Number:	CM15-0088295		
Date Assigned:	05/12/2015	Date of Injury:	04/28/2014
Decision Date:	06/17/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/07/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 male, who sustained an industrial injury on 4/28/2014. Diagnoses include displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis, spinal stenosis lumbar region without neurogenic claudication and arthropathy unspecified. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) (1/23/2015) which showed a broad based central disc protrusion at L4-5 with moderate central canal stenosis and revealed no significant changes when compared to the previous exam with the exception of the L4-5 disc extrusion which appears smaller, and EMG (electromyography)/NCS (nerve conduction studies) dated 2/10/2015 and described as normal, physical therapy, home exercises, and medications. Per the Primary Treating Physician's Progress Report dated 2/27/2015, the injured worker reported low back pain with radiation to the right leg and foot and rated as an average of 7/10 and has not changed from previous examination. Physical examination revealed limited low back range of motion in all directions to about 50% of normal and tenderness to palpation along the lumbar paraspinal muscles and facet joints. There was pain with rotation and oblique extension bilaterally. The plan of care included, and authorization was requested for outpatient lumbar interlaminar epidural steroid injection at L5- S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar interlaminar epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the right leg. The reported imaging and electrodiagnostic studies were not consistent with a radiculopathy at the indicated level. There was no discussion describing special circumstances that sufficiently supported this request. The worker had had a prior injection, but these records did not demonstrate the above criteria. In the absence of such evidence, the current request for outpatient interlaminar epidural steroid injection at an unspecified side of the L5 level is not medically necessary.