

Case Number:	CM15-0088404		
Date Assigned:	05/12/2015	Date of Injury:	07/11/2011
Decision Date:	06/15/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/08/2015

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:

The injured worker is a 70 year old male, who sustained an industrial injury on 7/11/11. He reported a left knee and low back injury after falling from a 4 foot desk. The injured worker was diagnosed as having degenerative disc disease, lumbar stenosis, spondylolisthesis and spine pain. Treatment to date has included lumbar epidural steroidal injections, oral medications including NSAIDS and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine on 2/2/2015 revealed grade 1 spondyliosthesis and moderate to severe stenosis at L4-5 with moderate stenosis at L3-4. Currently, the injured worker complains of chronic, low back pain without any new weakness and numbness. The injured worker states he has received improvement with injections. Physical exam noted normal gait, full range of motion of lumbar spine, no tenderness of spinous processes or paraspinal muscles and normal strength. The treatment plan included a request for lumbar epidural steroid injection. The medication list includes Celebrex and omeprazole. Per the doctor's note dated 3/25/15 patient had complaints of low back pain. Physical examination of the low back revealed no tenderness on palpation, full ROM, negative SLR and normal sensory and motor examination. The patient had received lumbar ESI on 12/8/2014 that gave pain relief for unknown time. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar L4-5 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

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

Decision rationale: 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)." Per the doctor's note dated 3/25/15 physical examination of the low back revealed no tenderness on palpation, full ROM, negative SLR and normal sensory and motor examination. Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. 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. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. The patient had received lumbar ESI on 12/8/2014 that gave pain relief for an unknown period of time. Per the cited guidelines, "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." Evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs was not specified in the records provided. Evidence of associated reduction of medication use, after the previous ESI, was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, the request is not medically necessary and is not fully established for this patient.