

Case Number:	CM15-0110987		
Date Assigned:	06/17/2015	Date of Injury:	02/26/2014
Decision Date:	07/22/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/09/2015

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 female patient who sustained an industrial injury on 02/26/2014. The diagnoses include chronic low back pain. Per the acupuncture note dated 5/19/2015, she had intermittent low back pain. According to provider notes dated 01/17/2015, physical examination revealed tenderness and tightness about the low back and no apparent neurological deficits. The current medications include Tylenol and Tramadol. She has had lumbar MRI dated 6/5/14 which revealed moderate to severe bilateral posterior facet arthropathy at L4-L5 and degenerative changes at L3-4 with associated small disc bulge and post surgical findings involving L5-S1. She has undergone back surgery in 2008. She has had lumbar facet block on 8/7/2014, radiofrequency ablation on 10/9/2014, physical therapy and acupuncture for this injury. A request for authorization is made for a Left L4-L5 and L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 and L5-S1 transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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)". 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". Per the records provided, she had chronic low back pain. Unequivocal evidence of radiculopathy documented by physical examination and corroborated by electro diagnostic testing is 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. Failure to recent conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of left L4-L5 and L5-S1 transforaminal epidural steroid injection is not medically necessary or fully established for this patient.