

Case Number:	CM15-0111030		
Date Assigned:	06/17/2015	Date of Injury:	10/13/2001
Decision Date:	07/17/2015	UR Denial Date:	05/14/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male who sustained an industrial injury on 10/13/2001. Mechanism of injury occurred when he tripped and fell back resulting in a lumbar sprain. Diagnoses include lumbar pain/radiculopathy, cervical pain/radiculopathy, Romberg's disease/Hoffman's disease and status post lumbar interbody fusion at L4-L5 in 2013. Treatment to date has included diagnostic studies, status post anterior lumbar interbody fusion at L4-5 in 2013, medications, epidural steroid injections, chiropractic sessions, acupuncture, massage therapy and yoga. There is an unofficial Magnetic Resonance Imaging report of the lumbar spine done on 03/27/20-15 which shows bilateral pedicular screws and posterior spinal rods are seen at L4 and L5 with intervertebral body disk spacer at L5-L5. There is mild loss of vertebral body height at the superior endplate of the T12 with a Schmorl's node formation. There is progressive disk fusion at L4-L5. The Electromyography done on 03/25/2015 was normal. His medications include Percocet. A physician progress note dated 04/07/2015 documents the injured worker complains of constant aching neck pain that radiates to his bilateral arm and which he rates as 7 out of 10 and 8 out of 10 respectively. His lumbar pain is a constant aching low back pain that radiates down to his bilateral anteroposterior leg and which he rates as 8 out of 10 and 9 out of 10 respectively and is accompanied by back numbness. There is mild tenderness to palpation of the lumbar spine and range of motion is restricted. Treatment requested is for lumbar epidural steroid injections time 3 L5-S1 followed by L4-5 and L3-4 ESIS at later dates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections time 3 L5-S1 followed by L4-5 and L3-4 ESI'S at later dates: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in October 2001 and is being treated for chronic radiating neck and low back pain. When seen, pain was rated at 7-9/10. There was decreased lumbar spine range of motion. There was decreased lower extremity strength with normal sensation and reflexes. Imaging and electro diagnostic testing results were reviewed. A recent lumbar spine MRI in March 2015 had shown postoperative findings and a CT scan of the lumbar spine in July 2014 showed mild multilevel foraminal narrowing. Electro diagnostic testing had been negative. Prior treatments had included three lumbar epidural steroid injections in 2013. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, the claimant's provider documents decreased lower extremity strength but imaging and electro diagnostic testing does not corroborate a diagnosis of radiculopathy. In terms of repeat injections, guidelines recommend that, in the therapeutic phase, repeat injections 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. In this case, the claimant's response to the injections performed in 2013 is not documented. Additionally, a series of injections in either the diagnostic or therapeutic phase is not recommended. The requested repeat lumbar epidural steroid injections are not medically necessary.