

Case Number:	CM15-0114004		
Date Assigned:	06/22/2015	Date of Injury:	01/23/2015
Decision Date:	07/21/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 26 year old female who sustained an industrial injury on 01/23/2015. Current diagnoses include sciatica, lumbar muscle strain, lumbar disc disorder, and radicular pain. Previous treatments included medication management, physical therapy, and home exercise program. Previous diagnostic studies include nerve conduction study. Report dated 04/28/2015 noted that the injured worker presented with complaints that included lower back pain. Pain level was not included. Physical examination was positive for mid-line, bilateral lumbar tenderness at L5-S1 and left buttock, pain with knee flexion, straight leg raise was positive bilaterally, right great toe extension with mild weakness, and unable to stand on heels and toes. The treatment plan included requests for a lumbar epidural, additional physical therapy, continue use of Cymbalta, and return in 2 weeks. Disputed treatments include transforaminal lumbar epidural steroid injection to the L5-S1 on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injection, L5-S1 on the left side: 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
Epidural Steroid Injections Section Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, the physical evidence provides little objective evidence of radiculopathy. Additionally, the subjective complaints are not corroborated by imaging studies. An MRI dated 2/20/15, revealed no evidence of radiculopathy and a nerve conduction study was within normal limits. The request for transforaminal lumbar epidural steroid injection, L5-S1 on the left side is not medically necessary.