

Case Number:	CM15-0116440		
Date Assigned:	06/24/2015	Date of Injury:	06/17/2000
Decision Date:	07/23/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/16/2015

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: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 6/17/00. Initial complaints were not reviewed. The injured worker was diagnosed as having degeneration of the lumbar or lumbosacral intervertebral disc; other symptoms referable to back; displacement of lumbar intervertebral disc without myelopathy; thoracic or lumbar spondylosis with myelopathy; thoracic or lumbar spondylosis with myelopathy; chronic pain syndrome; lumbosacral radiculitis; lumbar facet joint pain; chronic pain in the coccyx; insomnia due to medical condition; spasm of muscle; dysesthesia. Treatment to date has included physical therapy; medications. Diagnostics included MRI lumbar spine (4/30/15). Currently, the PR-2 notes dated 5/19/15 indicated the injured worker complains of chronic low back pain in the setting of lumbar facet osteoarthritis and lumbar degenerative disc disease. She presents for a routine office visit and medication refill. She continues to complain of left-sided lower back pain described as aching and cramping with some left lateral knee and calf stabbing, throbbing and numbness. She reports that her low back pain is constant although the left leg symptoms are intermittent. She points to the left L4-5 levels of the lumbar spine as her most significant pain and demonstrates further spasm in her left mid thoracic and lumbar spine. Her pain levels are reported as 4/10 with medications and 8-9/10 without. She notes benefit of chronic pain medications management regimen, activity restrictions and rest continue to keep the pain within a manageable level to allow her to complete necessary activities of daily living. The medications are listed as morphine 15mg, oxycodone IR 15mg, docusate sodium 100mg, Senna 8/6mg, Prilosec 20mg and ibuprofen 600mg. On physical examination, the provider documents moderate tenderness and spasm in the bilateral paraspinous muscles and ligaments with pain referred into her buttocks.

Flexion to 75% predicated eliciting left low back pain and spasm. Extension to 30% of predicated eliciting left pain and spasm. Left lateral bending is noted at 30% with right at 15% of predicated. She has positive straight leg raise. On neuro examination, the provider notes positive hypoesthesia and dyesthesias on the left lateral calf in the L4-5 dermatomes with decreased strength in the left lower extremity. A MRI of the lumbar spine dated 4/30/15 notes a broad based left-sided disc bulge at L4-L5. The provider has requested authorization of a lumbar epidural steroid injection left L4-5 for left low back pain and radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 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, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by stenosis/nerve impingement on imaging studies and/or Electrodiagnostic testing, not provided here with unchanged diffuse motor weakness, continuing to treat for chronic pain for injury of June 2000. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Criteria for the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications with reported relief from continued opiates, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Lumbar epidural steroid injection is not medically necessary and appropriate.