MAXIMUS Federal Services

Case Number:	CM15-0117294		
Date Assigned:	06/25/2015	Date of Injury:	02/05/2014
Decision Date:	07/27/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/17/2015

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 36 year old female patient who sustained an industrial injury on 02/05/2014. Of note, the patient has a prior history of being involved in two previous automobile accidents. This recent injury was described as while working as a property manager, with tenant files inside a box she developed acute onset of pain in the upper and lower back. Treatment to include: pain medications, muscle relaxers, anti-inflammatory medication, injections, and weeks of physical therapy. A follow up visit dated 03/07/2014 reported subjective complaint of having worsening low back pain. The pain radiates down to bilateral lower extremities. She is awaiting authorization to undergo a course of physical therapy. She is to remain on modified work duty and continue with home exercises. She is diagnosed with low back strain and rule out radiculopathy. On 12/08/2014, she underwent electronerve conduction study of the lower extremities, which showed results within normal limits. She underwent an ultra sound of bilateral buttocks on 12/18/2014, which showed findings within normal limits. A primary treating office visit dated 01/14/2015 reported the patient being temporary totally disabled. She was diagnosed with having lumbosacral strain; lumbosacral radiculitis, and L4-5, l5-S1 disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal epidural steroid injection at L4-L5: Upheld

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

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, there is no objective evidence of radiculopathy on physical exam or documentation of failed attempts with conservative treatments. There are no imaging studies to confirm radiculopathy. The request for bilateral transforaminal epidural steroid injection at L4-L5 is not medically necessary.