

Case Number:	CM15-0118358		
Date Assigned:	06/26/2015	Date of Injury:	01/08/2014
Decision Date:	07/29/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/19/2015

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 37 year old female patient, who sustained an industrial injury on 1/08/2014. She reported a slip and fall from a ladder. The diagnoses include ongoing radiculitis of the right leg, status post right L5-S1 discectomy. Per the doctor's note dated 6/19/2015, she had complaints of constant right sided leg pain with radiation to the ankle. The physical examination revealed tenderness over the right buttock area, paraspinal spasm, positive straight leg raising on the right side. Per the doctor's note dated 5/12/2015, she had complains of ongoing right leg pain, which can rise to 8/10. Lyrica samples were documented to help her but made her drowsy and Celebrex also helped. She was unable to sit for any length of time due to back and leg pain. Physical exam revealed a well healed scar on the lumbar spine, guarded and painful range of motion, with normal motor, sensory, and deep tendon reflex exams. The medications list includes lyrica, tramadol and celebrex. She has had Magnetic resonance imaging of the lumbar spine dated 2/14/2015 which showed status post right sided laminectomy and discectomy at L5-S1, with no evidence of recurrent disc herniation or neural compression. She has undergone right L5-S1 discectomy on 1/19/2015. She has had physical therapy visits for this injury. The recommended treatment included lumbar epidural steroid injection, right L5-S1, versus transforaminal epidural steroid injection (different approach-depending on symptoms).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid injection @ right L5-S1 vs TF ESI different approach: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: Lumbar Epidural Steroid injection @ right L5-S1 vs TF ESI different approach. 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 electro-diagnostic 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 has had Magnetic resonance imaging of the lumbar spine dated 2/14/2015 which showed status post right sided laminectomy and discectomy at L5-S1, with no evidence of recurrent disc herniation or neural compression. Unequivocal evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or 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 Lumbar Epidural Steroid injection @ right L5-S1 vs TF ESI different approach is not fully established for this patient.