

Case Number:	CM15-0119104		
Date Assigned:	06/29/2015	Date of Injury:	11/01/1999
Decision Date:	07/28/2015	UR Denial Date:	06/02/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 37 year old male who sustained an industrial injury on 11/01/1999 while working construction shoveling, digging and lifting. The injured worker was diagnosed with lumbar spondylosis without myelopathy, right L5 radiculopathy and lumbar facet pain. Treatment to date has included diagnostic testing, physical therapy (minimum of 24 completed), lumbar epidural steroid injections (more than six as noted in a medical report in March 2015), chiropractic therapy and medications. According to the primary treating physician's progress report on May 29, 2015, the injured worker continues to experience low back pain. Examination of the lumbar spine demonstrated lumbar lordosis and hyper-flexion of the knees on standing. There was pain noted on lumbar extension. Positive slumps testing on the left side was documented. Muscle stretch reflexes were noted by the examiner as unable to obtain medial hamstrings bilaterally. Gait was documented as non-antalgic. Current medications are listed as Norco 10/325mg and Advil. Treatment plan consists of the current request for bilateral lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral epidural steroid injection: 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 injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one bilateral epidural steroid injection is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are right L5 radiculopathy; axial low back pain; lumbar facet pain; and lumbar spondylosis without myelopathy. The date of injury is November 1, 1999. According to a November 12, 2014 progress note, the injured worker has had greater than six lumbar epidural steroid injections. Additionally, the injured worker received 24 physical therapy sessions and 9 chiropractic. A transforaminal epidural steroid injection was approved July 25, 2014 to the right L5-S1 space. The documentation states there was a 30% reduction in pain with continued, ongoing low back pain and decreased range of motion (September 10, 2014). In the most recent progress note dated May 29, 2015, the injured worker has ongoing significant low back pain. There are no subjective radicular pain complaints. Objectively, there is no neurologic evaluation with objective radicular findings. The documentation does not provide evidence of a greater than 50% pain relief with associated reduction of medication use for 6 to 8 weeks. Additionally, there is no objective neurologic evidence of radiculopathy. Consequently, absent objective neurologic evidence of radiculopathy and a greater than 50% pain relief with associated reduction of medication use for 6 to 8 weeks (from prior ESI), one bilateral epidural steroid injection is not medically necessary.