Case Number:	CM15-0119726		
Date Assigned:	06/30/2015	Date of Injury:	09/18/2006
Decision Date:	07/29/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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 was a 66 year old male, who sustained an industrial injury, September 18, 2006. The injured worker previously received the following treatments Tramadol, Naproxen, Terazosin, Omeprazole, Sertraline, Spiriva hand inhaler, epidural steroid injections, chiropractic services, lumbar spine MRI, aquatic exercises, heat/cold therapies, rest and ice. The injured worker was diagnosed with lumbar disc protrusion, lumbar radiculopathy, lumbar strain/sprain, lumbar facet joint syndrome, spinal stenosis unspecified, sleep disturbance and anxiety. According to progress note of May 22, 2015, the injured worker's chief complaint was constant moderate dull, achy low back pain and stiffness. The pain was aggravated by lifting 15 pounds, walking, and bending. The injured worker indicated the pain was not improving. The injured worker was complaining of loss of sleep, due to the pain. The physical exam of the lumbar spine noted decrease range of motion of flexion of 55 degrees, extension of 20 degrees right and left lateral bending of 20 degrees. There was tenderness to palpation of the lumbar paravertebral muscles. There were muscles spasms of the paravertebral muscles. The Kemp's testing caused pain bilaterally. The straight leg raises caused pain bilaterally. The Nachlas's testing caused pain bilaterally. The Valsalva's testing caused pain bilaterally. The injured worker walked with a slow gait and a limp. The injured worker was continuing aquatic exercise which helped decrease the pain and improved mobility temporarily. The injured worker had received epidural injections in the past, last on May 18, 2015. The injured worker reported the injection helped significantly. The treatment plan included lumbar epidural steroid injection.

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: The Claims Administrator did not cite any medical evidence for its decision.

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 imaging studies and/or Electrodiagnostic testing. Although the patient has radicular symptoms with clinical findings of such, to repeat a LESI 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. Submitted reports are unclear with level of pain relief and duration of benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased functional status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Lumbar epidural steroid injection is not medically necessary or appropriate.