

Case Number:	CM15-0119847		
Date Assigned:	06/30/2015	Date of Injury:	07/31/1996
Decision Date:	07/29/2015	UR Denial Date:	05/29/2015
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: Emergency 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 49 year old male, who sustained an industrial injury on 7/31/1996. Diagnoses include lumbar disc herniation at L4-5 and spondylolisthesis at L5-S1. Treatment to date has included conservative care including physical therapy, pain medications, modified work, diagnostics and three epidural injections. Magnetic resonance imaging (MRI) of the lumbar spine dated 4/09/2015 showed 3-4mm degenerative anterolisthesis of L5 with respect to S1. There was moderate right and mild left foraminal stenosis without nerve root impairment, there is no canal stenosis. There were multilevel disc bulging at L2-3, L3-4 and L4-5 with mild to moderate narrowing of the spinal canal. Per the Primary Treating Physician's Progress Report dated 4/28/2015, the injured worker reported pain in the lower back rated as 6/10. Physical examination of the back revealed a normal lumbar lordosis. There was slight pain to palpation of the right posterior iliac crest with no palpable spasm. Range of motion is described as moderately restricted due to a complaint of pain. The plan of care included refill of medications including Norco, Soma, Naproxen and Prilosec. Authorization was requested on 5/27/2015 for epidural steroid injection at L5-S1 on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at L5-S1 level on the right side: 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(ESI) Page(s): 46.

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long-term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. Pain has been stable but worst due to denial of medications. There is no long-term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. There are no medications currently prescribed for neuropathic pain listed. 3) Patient had a reported up to 3 LESI in the past. MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8 weeks. There is no documentation of appropriate improvement with prior reported LESI. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.