

Case Number:	CM15-0121212		
Date Assigned:	07/01/2015	Date of Injury:	10/09/2012
Decision Date:	07/31/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/23/2015

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 49 year old male who sustained a work related injury October 9, 2012. Past history included hypertension. According to a primary treating physician's progress report, dated May 18, 2015, the injured worker presented for follow-up of his low back pain with spondylitic spondylolisthesis. He has undergone two epidural steroid injections which have helped with radicular positive signs. The primary treating physician documents on February 23, 2015, that an epidural steroid injection, dated January 2014, revealed 50 % improvement in symptoms. He also refers to electrodiagnostic studies, dated October 19, 2013, revealing L5 radiculopathy bilaterally. Examination of the lumbar spine reveals tenderness, right greater than left, flexion 60 degrees, extension -10 degrees, both cause pain, straight leg raise is positive bilaterally, and gait is not antalgic. Impression is documented as low back pain with spondylitic spondylolisthesis. Treatment plan included neurosurgical consultation for possible surgical considerations, recommendation for an agreed medical examiner and at issue, is a request for authorization for a third epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third epidural steroid injection, lumbar spine, per 05/26/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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, the level of the ESI is not included with this request, therefore, the necessity of the request cannot be established. The request for a third epidural steroid injection, lumbar spine, per 05/26/2015 order is determined to not be medically necessary.