

Case Number:	CM15-0121754		
Date Assigned:	07/02/2015	Date of Injury:	05/19/2012
Decision Date:	08/21/2015	UR Denial Date:	06/11/2015
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, 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 45-year-old male who sustained an industrial injury on 05/19/12. He reported back pain. The injured worker is diagnosed with having exacerbated lumbar pain with radiculopathy. Diagnostic testing and treatment to date has included radiographic imaging, epidural steroid injection, and pain medication management. In a progress note dated 05/29/15, the injured worker complains of low back pain rated as a 7 on a pain scale of 10. His back pain has increased in level of intensity. Physical examination is remarkable for spasm and tenderness over the lumbar spine with decreased range of motion. The injured worker has had benefit in the past with steroid injection. Requested treatments include epidural steroid injection L3-4 (injection #2). The injured worker is under modified work restriction. Date of Utilization Review: 06/11/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection L3-4 (injection #2): Upheld

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

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 injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injection at L3 - L4 (injection #2) are 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, nonsteroidal 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 diagnosis is exacerbation lumbar pain radiculopathy. Date of injury is May 19, 2012. Request the authorization is dated June 8, 2015. According to the documentation in the medical record, the injured worker received an epidural steroid injection April 9, 2015 at L3 - L4 and L4 - L5. The documentation from a May 29, 2015 progress states the injured worker's prior epidural steroid injection was "in the past beneficial". There is no percentage improvement and there was no timeframe reflecting improvement. The ESI is approximately 4 to 5 weeks prior to the second anticipated ESI. Subjectively, the injured worker has ongoing low back pain. Objectively, there is no neurologic evaluation and no objective evidence of radiculopathy. Consequently, absent clinical documentation with objective functional improvement from the first epidural steroid injection with percentage improvement and timeframe reflecting improvement and objective evidence of radiculopathy on physical examination, epidural steroid injection at L3 - L4 (injection #2) are not medically necessary.