

Case Number:	CM15-0122009		
Date Assigned:	07/06/2015	Date of Injury:	12/12/2012
Decision Date:	08/04/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/24/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 61 year old male who sustained an industrial injury on December 12, 2012. He has reported back pain and has been diagnosed with chronic low back pain with bilateral left sided lumbar radiculopathy, disc protrusion 4.8 mm L1-L2, L2-L3, L4-L5, and L5-S1 and 3.6 mm at L3-4 base with mild lumbar stenosis with a grade I spondylolisthesis L4-5 based on MRI on 10/30/14, history of pre-existing low back pain, and left knee injury with evidence of symptomatic plica and possible medial meniscal tear. Treatment has included medical imaging, medications, ice, a home exercise program, and injection. Range of motion to the thoracolumbar spine showed decreased range of motion. There was tenderness at left L5-S1. The left knee had a tender plica. There was a positive McMurray. The medial joint was tender with a mild effusion. The treatment request included a left L5-S1 epidural steroid injection with fluoroscopy and myelography. Patient had received ESI for this injury in the past. The patient has had X-ray of the knee that revealed arthritis. Patient sustained the injury due to lifting a heavy weight. The medication list includes Norco and Ibuprofen. The patient's surgical history include left knee surgery in 2002. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 epidural steroid injection, with fluoroscopy and myelography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are: "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing was not specified in the records provided. Consistent objective evidence radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, medications like anticonvulsants or antidepressants for chronic pain, was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the ESI. As stated above, ESI alone offers no significant long-term functional benefit. Patient had received ESI for this injury in the past. Per the cited guidelines, "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." There was no evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs. Evidence of associated reduction of medication use, after the previous ESI was not specified in the records provided. With this, it is deemed that the medical necessity of request for Left L5-S1 epidural steroid injection, with fluoroscopy and myelography is not fully established for this patient. The request is not medically necessary.