

Case Number:	CM15-0122229		
Date Assigned:	07/06/2015	Date of Injury:	08/01/2012
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
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: 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 41 year old male who sustained an industrial injury on 08/01/2012. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar radiculopathy, depression and history of post-traumatic stress disorder. Treatment to date has included diagnostic testing, psychological evaluation, acupuncture therapy and medications. According to the primary treating physician's progress report on June 12, 2015, the injured worker continues to experience low back pain radiating down both legs associated with numbness and tingling. He reports the pain is worse in the left leg. The injured worker rates his pain level at 7/10. Examination demonstrated improved flexion from 40 degrees at last visit to 60 degrees currently and extension less than 5 degrees. Manual muscle testing documented right hip flexion and knee extension was 4/5 and 5/5 on the left with ankle plantar and dorsiflexion at 4/5 bilaterally. Deep tendon reflexes were decreased on the right at +1. There was decreased sensation to pinprick on the right calf. Palpation along L4 and L5 spinous process radiates down both legs. Straight leg raise was positive bilaterally. Current medications are listed as Vimovo and topical analgesics. Treatment plan consists of psychotherapy for cognitive behavioral therapy (CBT), acupuncture therapy and the current request for interlaminar epidural steroid injection at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar epidural steroid injection L4-L5: 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 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, interlaminar epidural steroid injection at L4-L5 is 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 diagnoses are chronic lumbar radicular pain L4 - L5; PTSD; and anxiety and depression. Subjectively, the injured worker has low back pain that radiates down both legs. Objectively, lumbar range of motion is decreased. Motor examination is grossly normal. Sensory examination is decreased the pinprick on the left compared to the right. Reflexes are grossly normal. The guideline criteria include radiculopathy must be documented by physical examination and initially unresponsive to conservative treatment (exercises and physical methods). The injured worker has received acupuncture. Acupuncture is a passive modality. There is no documentation of exercises or physical therapy in the medical record. Additionally, the injured worker has subjective symptoms of radiculopathy, but minimal objective findings on examination. Consequently, absent clinical documentation of physical therapy and exercises and minimal clinical evidence of radiculopathy on physical examination, the request for interlaminar epidural steroid injection at L4-L5 is not medically necessary.