

Case Number:	CM15-0123226		
Date Assigned:	07/07/2015	Date of Injury:	01/17/1997
Decision Date:	08/18/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/25/2015

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:

This is a 44-year-old male patient who sustained an industrial injury on 01/17/1997. Diagnoses include postlaminectomy syndrome, lumbar region; degeneration of lumbar or lumbosacral intervertebral disc; thoracic or lumbosacral neuritis or radiculitis, unspecified; lumbago; and sciatica. According to the progress notes dated 6/25/15 and 5/28/15, he had complaints of low back pain rated 6/10 that radiated down both legs. He indicated the pain was aggravated by all activities and was better, sometimes, with lying down. The physical examination revealed lumbar flexion 15 degrees and extension 0 degrees due to facet loading pain, positive straight leg raise bilaterally at 15 degrees, acutely tender lumbar scar but without signs of infection, normal motor testing in the lower extremities, intact sensation to light touch in the bilateral lower extremities however, paresthesias present in the bilateral L4 and L5 dermatomes. The medications list includes hysingla ER (hydrocodone), tramadol, diclofenac and norco. Treatment to date has included medications, spinal surgery, physical therapy (PT) and aqua therapy. A request was made for left L4/5, L5/S1 transforaminal epidural steroid injection for lower back pain radiating into left leg as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5, L5-S1 transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 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). 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Unequivocal evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing is 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. Failure to recent conservative therapy including physical therapy visits and pharmacotherapy (including anticonvulsants or antidepressants for chronic pain), is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. Therefore, the request for left L4-5, L5-S1 transforaminal epidural steroid injection is not medically necessary.