

Case Number:	CM15-0125771		
Date Assigned:	07/10/2015	Date of Injury:	02/02/2015
Decision Date:	08/06/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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 46-year-old male, who sustained an industrial injury on 2/2/15. His initial complaint was of his low back injury with a burn. The injured worker was diagnosed as having; lumbar sprain/strain; burn back-second degree right. Treatment to date has included physical therapy; acupuncture; medications. Diagnostics studies included MRI lumbar spine (4/2/15). Currently, the PR-2 notes dated 5/19/15 indicated the injured worker complains of continued lower back pain with radiation down the leg. He has numbness and tingling. His symptoms are exacerbated by pushing and pulling. He is currently not working. On physical examination, the provider documents the injured workers range of motion as forward flexion 40/60 degrees, extension 10/20 degrees, right and left lateral bend 10/20 degrees, right and left rotation 10/20 degrees. He complains of increasing pain toward terminal range of motion. Palpation of the paraspinal musculature notes tenderness with spasm in the paraspinal. The sciatic notch is tender. Provocative testing documents straight leg raise as positive. Faber test is negative bilaterally. The injured workers range of motion of the bilateral hips is normal as well as his bilateral knee range of motion without pain throughout testing. He was diagnosed per these notes with lumbar radiculopathy and spinal stenosis. A MRI of the lumbar spine is dated 4/2/15 with a conclusion of severe left foraminal stenosis at L5-S1 and degenerative disc disease at multiple levels. The most significant is at L5-S1. Medication listed on prior PR-2 notes (3/27/15) document the injured worker has been prescribed Nabumetone 750mg tabs #20 one twice daily, Omeprazole 5mg #30 one daily, Cyclobenzaprine 5mg #30 one at bedtime and Acetaminophen 500mg #40 1- 2 every 8 hours as needed for pain. The provider documents the injured worker is having pain in the back with radiation down the leg. He has stenosis at L5-S1. He has failed therapy and medications and would recommend an epidural injection. The provider is requesting authorization of LESI (lumbar epidural steroid injection) at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI (lumbar epidural steroid injection) at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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, lumbar epidural steroid injection at L5-S1 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 lumbar radiculopathy; and mild stenosis. Date of injury is February 2, 2015. Request for authorization is dated June 8, 2015. According to a May 19, 2015 progress note, the injured worker has subjective complaints of low back pain that radiated to the leg. Objectively, there was decreased range of motion. Muscle testing was normal. Sensation to light touch was decreased in the S1 dermatome. Injured worker had physical therapy and medications with continued symptoms. An MRI of the lumbar spine on April 2, 2015 showed stenosis at L5 -S1. There is no significant radiculopathy documented on physical examination. Additionally, MRI showed stenosis at L5 -S1. There were no electrodiagnostic studies performed. There were no physical therapy progress notes in the medical record indicating failed physical therapy. Consequently, absent clinical documentation with objective evidence of radiculopathy and physical therapy progress notes, lumbar epidural steroid injection at L5 -S1 is not medically necessary.