

Case Number:	CM15-0170126		
Date Assigned:	09/10/2015	Date of Injury:	08/25/2010
Decision Date:	10/14/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/28/2015

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 42 year old male patient who sustained an industrial injury to the back on 8-25-10. The diagnoses include low back pain, right leg pain and mid back pain. Per the doctor's note dated 9/3/15, he had complaints of low back pain and radiation of pain down the right leg. The physical examination revealed mildly antalgic gait, 5/5 strength in bilateral lower extremities and tightness in the back with straight leg raising test in the sitting position. Per the follow-up report dated 7-20-15, he had complaints of low back, right leg and mid back pain. He reported that medications helped with pain and function, allowing him to tolerate activities of daily living better. Physical examination revealed paraspinal musculature spasms to the thoracic spine and lumbar spine with tender areas over the left lower lumbosacral facet joints and intact gross sensation, tightness in the left leg and low back area with straight leg raise testing in the sitting position and mildly antalgic gait. The current medications list includes Norco, Neurontin, Flexeril, Relafen and Terocin cream. He has had lumbar spine MRI dated 4/25/15 which revealed at L4-5 right far lateral disc protrusion with mild right neural foraminal stenosis. He has had lumbar epidural steroid injection on 8/13/2012. He has had physical therapy, chiropractic and home exercise for this injury. The physician noted that the patient was making good progress with conservative care, but he still had radicular complaints down into the leg, which was limiting him from returning back to a more productive work environment. The treatment plan included dispensing medications (Norco, Neurontin and Terocin) and transforaminal epidural steroid injections at L4-5 and L5-S1. On 7-28-15, Utilization Review modified a request for

epidural steroid injections at L4-5 and L5-S1 to L4-5 only noting lack of documentation of evidence of radiculopathy at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection, Lumbar L4-L5, L5-S1 (sacroiliac), Qty 2:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Transforaminal Epidural Steroid Injection, Lumbar L4-L5, L5-S1 (sacroiliac), Qty 2. 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. Failure to previous conservative therapy including physical therapy and pharmacotherapy 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. He has had a lumbar epidural steroid injection on 8/13/2012. Documented evidence of functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks with previous lumbar epidural steroid injection is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Transforaminal Epidural Steroid Injection, Lumbar L4-L5, L5-S1 (sacroiliac), Qty 2 is not fully established for this patient.