

Case Number:	CM15-0171834		
Date Assigned:	09/14/2015	Date of Injury:	05/14/2014
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/01/2015

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:

This injured worker is a 53-year-old female who reported an industrial injury on 5-14-2014. Her diagnoses, and or impression, were noted to include: lumbar strain; lumbar disc herniation with radiculopathy; lumbosacral degenerative disc disease with moderate-severe lumbar 4-5, left > right; sequestered disc fragment lumbar 4, probably originating from lumbar 3-4; and chronic low back, bilateral buttock, and right groin, thigh and leg pain. No current imaging studies were noted. Her treatments were noted to include: magnetic resonance imaging studies of the lumbar spine (5-29-14); a reported 6 sessions physical therapy - effective; massage therapy; activity modification; lumbar epidural steroid injection therapy on 7-10-2014; use of a walking cane; x-rays of the lumbar spine (2-17-15); psychiatric evaluation and treatment; orthopedic evaluation; medication management; and rest from work. The progress notes of 8-17-2015 reported: new magnetic resonance imaging studies showed improvement in "HNP", and the orthopedic surgeon did not recommend surgery. Her current complaints included: still very discouraged; struggling to manage her symptoms; pain I legs, left > right, with tingling in feet; that she found 6 sessions of physical therapy helpful noting improvement in range-of-motion; continued use of cane; and was working on weight loss. The objective findings were noted to include: restlessness during the physical exam; obesity; a less antalgic gait with use of cane; a decreased right patella and bilateral ankle deep tendon reflexes; improved right knee strength, now a 4 out of 5; a review of magnetic resonance imaging studies which still show disc fragment from lumbar 3-4 disc extrusion, impeding on nerve roots, and more radicular pain. The physician's requests for treatments were not noted to include lumbar 3-4 epidural steroid injection for nerve root pain.

The Request for Authorization, dated 8-20-2015, included an epidural steroid injection. The Utilization Review of 8-24-2015 non-certified the request for a left lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L3-L4: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection at L3-L4 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 disc herniation with radiculopathy; and chronic low back pain. Date of injury is May 14, 2014. Request for authorization is August 19, 2015. According to an August 17, 2015 progress note, the injured worker is status post lumbar epidural steroid injection July 10, 2014. There is no percentage improvement. There is no duration of improvement. There is no documentation reflecting objective functional improvement with the prior epidural steroid injection. Subjectively, the injured worker complains of leg pain left wing than right. Current medications include gabapentin and meloxicam. The injured worker received physical therapy that was "helpful". The treating provider also requested an EMG along with the epidural steroid. As noted above, there is no documentation demonstrating objective functional improvement, process improvement or duration of improvement with the prior epidural steroid injection. Additionally, the EMG would be helpful in determining whether there was, in fact, objective evidence of radiculopathy. The EMG should precede the epidural steroid injection. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clear-cut objective evidence of radiculopathy, no documentation from the prior epidural steroid injection demonstrating objective functional improvement or percentage improvement and a request for an EMG that should precede the epidural steroid injection, lumbar epidural steroid injection at L3-L4 is not medically necessary.