

Case Number:	CM15-0172630		
Date Assigned:	09/14/2015	Date of Injury:	04/04/2011
Decision Date:	10/14/2015	UR Denial Date:	08/06/2015
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: North Carolina
 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:

The injured worker is a 40-year-old male, with a reported date of injury of 04-04-2011. The diagnoses include lumbar or lumbosacral degenerative disc disease, low back pain, and displacement of the lumbar disc. The diagnostic studies to date have included an MRI of the lumbar spine on 05-18-2015 which showed previous left lumbar laminotomy, very minimal L5-S1 disc bulging with no neural impingement, and mild diffuse facet arthrosis with no neural impingement and no finding to explain the radicular pain down the left leg. The follow-up report dated 07-27-2015 indicates that the injured worker was there for evaluation of the low back. He continued to have pain and discomfort. On 06-12-2015, the injured worker still had pain in the leg. The physical examination (07-27-2015) showed tenderness of the lumbar spine, full range of motion with pain, and tension with low back pain. The physical examination (06-12-2015) showed tenderness of the lumbar spine; and positive tension on the left. The treating physician planned to send the injured worker for an epidural injection due to pain and discomfort. The injured worker had been instructed to continue with the same work. On 06-12-2015, the injured worker had been instructed to continue with modified duty. The request for authorization was dated 07-30-2015. The treating physician requested a lumbar epidural steroid injection. On 08-06-2015, Utilization Review (UR) denied the request for a 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: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (http://odgtwc.com/odgtwc/Low_Back.htm).

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

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: 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. 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). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore criteria have not been met and the request is not certified.