

Case Number:	CM15-0068326		
Date Assigned:	04/15/2015	Date of Injury:	09/07/2010
Decision Date:	05/14/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/10/2015

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 50 year old patient who sustained an industrial injury on 09/07/2010. A follow up visit dated 02/24/2015 reported the patient with subjective complaint of low back pain that radiates into the left lower extremity. The patient reports doing a bit better with the use of heat, topical agents, rest and Lidoderm patches. The following diagnoses are applied: lumbar disc injury, lumbar strain, left rotator cuff syndrome, and left median epicondylitis. The plan of care involved starting Gabapentin at 100mg, recommending epidural injection, and follow up in two to three weeks. A follow up visit dated 11/05/2014 reported subjective complaints of "feeling about the same", except for the fact that he is now reporting pain and numbness in his lateral left calf with walking. The symptoms are increased with any ambulation. Of note, the patient is participating in physical therapy. Current medications are: Lidoderm patch, Ultram, and Voltaren gel. The plan of care involved increasing Tramadol to 50 mg two tablets, continue home exercise program. The patient is to follow up on 12/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines ESIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Epidural Steroid Injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 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, non-steroidal 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 workers working diagnoses are lumbar this injury; lumbar strain; left rotator cuff syndrome; and left medial epicondylitis. An appeal letter dated April 1, 2015 indicates the injured worker received three prior epidural steroid projections. The epidural steroid injections greatly improved the injured worker's symptoms. The guidelines language include s an improvement at least 50% pain relief with an associated reduction in medication use for 6 to 8 weeks. The specifics required by the guidelines are not present in the medical record. A progress note dated December 31, 2014 did not contain subjective radicular symptoms or objective findings of radiculopathy. A progress note dated February 24, 2015, subjectively, states injured worker has back pain that radiates to the left lower extremity. The injured worker is doing better with heat, topical agents, rest and Lidoderm patches. There is no documentation of ongoing physical therapy. Consequently, absent clinical documentation with specifics of prior epidural steroid injections (at least 50% pain relief with associated reduction in medication use for six weeks), epidural steroid injection at left L5 - S1 is not medically necessary.