

Case Number:	CM15-0073690		
Date Assigned:	04/23/2015	Date of Injury:	11/15/2013
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/17/2015

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 42-year-old male who sustained an industrial injury on November 15, 2013. Prior treatment includes physical therapy, medications, heat/ice therapy, home exercise program and lumbar corset. Currently the injured worker complains of low back pain which he rates a 10 on a 10-point scale. The pain radiates to the left leg and foot and he ambulates with a stiff gait. Diagnoses associated with the request lumbar herniated nucleus pulposus, lumbar disc degeneration, low back syndrome and lumbar radiculitis. The treatment plan includes home ice/head therapy, topical analgesic ointment, home exercise program, anti-inflammatory medications, lumbar spine exercises, lumbar epidural steroid injection series of three and lumbar corset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection series Qty: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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, lumbar epidural steroid injection series #3 are 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. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar herniated nucleus pulposus; lumbosacral disc degeneration; low back syndrome; and lumbar radiculitis/thoracic radiculitis. The date of injury was November 15, 2013. The most recent progress of the medical record dated March 17, 2015 states the injured worker uses (OTC) topical analgesics, nonsteroidal anti-inflammatory drugs and has received physical therapy. The injured worker takes over-the-counter analgesics. The treating provider prescribed Cymbalta and atenolol. Subjectively, the injured worker has 10/10 pain constant. Pain radiates the left leg and foot. There is no other treatment documented, is not working and on no medications. Objectively, the injured worker has a stiff gait, negative straight leg raising, a normal sensory examination and no objective evidence of radiculopathy. The treating provider requested a pain management consultation (concurrently with a lumbar epidural steroid injection). Consequently, absent clinical documentation with objective evidence of radiculopathy on physical examination and corroborating evidence of magnetic resonance imaging and electrodiagnostic studies, lumbar epidural steroid injection series #3 are not medically necessary.