

Case Number:	CM15-0074915		
Date Assigned:	04/24/2015	Date of Injury:	02/24/2014
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/20/2015

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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male, who sustained an industrial injury on 2/24/2014. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar disc displacement, without myelopathy. Treatment to date has included diagnostics, physical therapy, acupuncture, and medications. Currently, the injured worker complains of intermittent, moderate low back pain, with radiation to both legs, and numbness and tingling. Exam revealed decreased sensation at the right L5-S1 dermatomes. Current medication use included Ketoprofen. He was able to continue work with restrictions. A previous epidural steroid injection was documented to provide 100% relief for one month (date not specified). The treatment plan included a second lumbar epidural steroid injection at L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injections at L5-S1 for the lumbar spine as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s):

46. Decision based on Non-MTUS Citation Epidural steroid injections (ESIs) Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: According to MTUS guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain and can provide short term pain relief in conjunction with other rehab efforts, including a home exercise program. The guidelines state the radiculopathy must be documented by physical examination, corroborated by imaging studies and/or electrodiagnostic testing, and the patient should be initially unresponsive to conservative treatment. A maximum of two injections should be performed, with the second used only if there is inadequate response to the first injection. Applicable MTUS criteria for this case: 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) 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. Medical documentation indicates physical exam with evidence of radiculopathy that is corroborated by electrodiagnostic testing. Documentation indicates failure of some conservative therapy, including physical therapy and acupuncture. However, the patient is still taking long-term NSAIDs and it is not clear how much benefit this has given. There is no indication that a home exercise program is being utilized, which is recommended to ensure continued improvement. A previous injection showed 100% response for one month, but guidelines recommend relief for 6-8 weeks before continuing therapy. Therefore, the request for Epidural Steroid Injections, lumbar spine (L5-S1) is not medically necessary at this time.