

Case Number:	CM15-0091767		
Date Assigned:	05/18/2015	Date of Injury:	11/14/2014
Decision Date:	06/19/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/12/2015

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: Texas, California
 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:

This is a 55 year old male patient, who sustained an industrial injury on 11/14/14. The diagnoses have included lumbar radiculopathy and lumbar muscle strain. He sustained the injury due to lifting a heavy metal sheet. Per the note dated 4/14/15, physical examination revealed positive straight leg raising test; decreased lumbar range of motion, 5/5 strength, 2/2 DTRs in bilateral lower extremities. Per the note dated 3/20/15, he had complaints of back pain that radiates to right inner thigh. The physical examination revealed positive tenderness to palpation paraspinal muscle area on the right at level of L2-5, mild tenderness to palpation right buttock and no tenderness to palpation in the groin; negative straight leg raising test. The medications list includes ibuprofen and zorvolex. His surgical history includes right ring finger distal amputation. Treatment to date has included magnetic resonance imaging (MRI) of lumbar spine with soft tissue density or extruded disc in the right L1-L2 neuroforaminal resulting in severe right neuroforaminal stenosis, small left paracentral disc protrusion and annular fissure at L4-L5 resulting in mild left foraminal narrowing; physical therapy; acupuncture and ibuprofen. The request was for right L1-L2 interlaminar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L1-L2 Interlaminar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: Right L1-L2 Interlaminar Epidural Steroid Injection. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "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). 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." She had complaints of back pain with radiation to the right inner thigh. The physical examination revealed normal strength and reflexes in bilateral lower extremity. Unequivocal evidence of radiculopathy documented by physical examination and corroborated by electrodiagnostic testing is not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Failure to previous conservative therapy including physical therapy visits and pharmacotherapy (anticonvulsant or anti-depressant) is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Right L1-L2 Interlaminar Epidural Steroid Injection is not fully established for this patient.