

Case Number:	CM15-0093631		
Date Assigned:	05/19/2015	Date of Injury:	12/29/2011
Decision Date:	06/26/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/14/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 26 year old male who sustained an industrial injury on 12/29/2011 resulting in low back pain and left lower extremity pain. The Injured worker was diagnosed with lumbar spine strain/sprain. Reported recommended treatments (as noted on the QME report) to date has included: physical therapy (unknown amount); acupuncture (unknown amount); chiropractic manipulation; medications (Ultracet, Motrin, Vicodin, Soma); lumbar epidural steroid injection which provided significant relief; and lumbar cortisone injections (multiple) with minimal relief. These reports/progress notes were not provided for review; therefore, the treatments and amount of sessions could not be verified. Diagnostic tests performed include: x- rays revealing retrolisthesis, degenerative disk disease, and collapse at L5-S1; and MRI of the lumbar spine (03/20/2012) which revealed degenerative bone and disc changes in the L5-S1 level with a 3mm disc protrusion centrally and eccentric towards the left encroaching on the descending left S1 nerve root. No other previous injuries were noted. No comorbid diagnoses were noted. On 04/07/2015, physician progress report noted increased pain in the mid back area, loss of flexibility on the right side, bilateral hip pain (left greater than right), and worsened low back pain with increasing numbness in the left leg. Pain was not rated, and descriptions of the pain were not mentioned. The physical exam revealed positive straight leg raises on the left, weakness and gastrocnemius (4/5) and diminished sensation along the plantar aspect of the foot. The provider noted diagnoses of lumbar spinal stenosis, lumbar degenerative disk disease, lumbago, and left leg sciatica. Plan of care includes epidural steroid injection to the L5-S1 level. Requested treatments include: L5-S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 epidural steroid injection: 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 ESI under chronic pain section Page(s): 46-47.

Decision rationale: Based on the 04/07/15 progress report provided by treating physician, the patient presents with low back pain and left leg pain with numbness. The request is for L5-S1 epidural steroid injection. Patient's diagnosis per Request for Authorization form dated 04/13/15 includes lumbar region spinal stenosis. Diagnosis on 04/07/15 included lumbar degenerative disk disease, lumbago, and left leg sciatica. Treatment to date included imaging studies, physical therapy, lumbar ESI, and medications. The patient is status post epidural steroid injection L5-S1, per operative report dated 11/13/13. The patient is working, per 04/07/15 report. Treatment reports were provided from 03/20/12 - 04/07/15. MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 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." For repeat ESI, MTUS states, "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." Treater has not provided medical rationale for the request. Physical examination to the lumbar spine on 04/07/15 revealed positive straight leg raise test on the left, weakness in the gastrocnemius, and diminished sensation along the plantar aspect of foot. MRI study of the lumbar spine on 03/20/12 revealed "Degenerative bone and disk changes L5-S1 with a 3mm disk protrusion centrally and eccentric toward the left encroaching on the descending left S1 nerve root." In this case, treater has documented patient's radicular symptoms, supported by physical examination and corroborated with MRI, as required by MTUS. Given patient's continued symptoms, diagnosis and documentation, lumbar ESI would appear to be indicated. However, the patient had prior lumbar epidural steroid injection to L5-S1 on 11/13/13. Per 03/28/14 report, the patient "experienced minimal relief" from lumbar ESI performed November 2013. In this case, a repeat injection would not be supported by MTUS, without documentation of significant improvement lasting at least 6-8 weeks. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.