

Case Number:	CM15-0094335		
Date Assigned:	06/16/2015	Date of Injury:	07/03/2014
Decision Date:	07/16/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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:

This 45 year old male sustained an industrial injury to the right rib cage and low back on 7/3/14. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy and medications. Magnetic resonance imaging lumbar spine (1/28/15) showed mild to moderate disc degeneration with mild foraminal stenosis. In a PR-2 dated 2/18/15, physical exam was remarkable for tenderness to palpation to the paraspinal musculature, decreased and painful range of motion, positive straight leg raise and decreased sensation at the L4-5 distribution. Past medical history was significant for diabetes mellitus. Current diagnoses included lumbar degenerative disc disease with disc protrusion with radiculopathy and left foraminal stenosis. The treatment plan included bilateral lower extremity electromyography, x-rays of the lumbar spine and lumbar spine epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, an MRI of the injured workers lumbar spine does reveal evidence of radiculopathy. Additionally, this request is non-specific and does not include the level to be injected. The request for lumbar epidural steroid injection is determined to not be medically necessary.