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| Case Number: | CM15-0096867 | | |
| Date Assigned: | 05/27/2015 | Date of Injury: | 03/23/2011 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 04/24/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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 62-year-old male, who sustained an industrial injury on March 23, 2011. The injured worker was diagnosed as having lumbago. Treatment to date has included x-ray, Norco, Celebrex and gym membership. A progress note dated April 15, 2015 the injured worker complains of increased back pain after acute back pain when getting out of bed. Physical exam notes decreased range of motion (ROM). The plan includes x-rays, medication change and epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI (lumbar epidural steroid injection) L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), criteria for the use of epidural steroid injection, AMA pages 382-383.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient complains of acute back pain along with difficulty flexing and extending back, as per progress report dated 04/15/15. The request is for Lesi L4-L5. The RFA for this case is dated 04/17/15, and the patient's date of injury is 03/23/11. Medications, as per progress report dated 04/15/15, included Lidoderm cream and Flexeril. The progress reports do not document the patient's work status. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" and "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." In this case, the progress reports do not document prior ESI of the lumbar spine. As per report dated 04/15/15, the patient suffers from acute back pain and limited range of motion. X-ray of the lumbar spine, dated 04/15/15, revealed stable implantation, disc replacement L4-5, and fusion L5-S1. The progress reports, however, do not reveal signs of radiculopathy during physical examination. There are no corroborating imaging studies with foraminal or central canal stenosis, as required by MTUS. Hence, the request is not medically necessary.