

Case Number:	CM15-0099435		
Date Assigned:	06/01/2015	Date of Injury:	04/17/2012
Decision Date:	07/07/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 30 year old male patient who sustained an industrial injury on 04/17/2012. The injury was described as while working regular duty of construction worker driver he was involved in a motor vehicle accident being hit in the rear trailer the truck was pulling. He had an acute onset of low back pain. A primary treating office visit dated 01/14/2015 reported the patient with subjective complaint of lower back pain that is decreased by pain medications, but persists with radicular symptom. The following diagnoses were applied: lumbar disc disease, and lumbar radiculopathy. He is to return to a modified work duty on 12/31/2014. Previous diagnostic treatment to include: modified work duty, medications, and epidural injections. Radiographic imaging study performed on 08/08/2012 revealed multi-level degenerative disc disease and bulging at L5-S1, L3-4, L4-5, and T11-12 (the greatest at L5 S1). Back on 12/10/2014 a follow up visit showed the patient with no change in subjective complaint. He is still with pain in his buttock and thigh on the left side. He reported not working. He also stated the last prescriptions were not authorized. Objective assessment found tenderness in the left low back. A straight leg raise on the left elicits back, buttock and upper thigh pain at 65 degrees. He is diagnosed with the following: chronic lumbosacral strain; left sciatica; right L5-S1 disc extrusion, and left lumbar radiculopathy. Back on 11/12/2014 a primary visit described the patient's symptom as plateaued; epidural not helpful and he is not a surgical candidate. The treating physician gave recommendation to have a pain management consultation, and receive another steroid injection. The patient has a medical history of diabetes with peripheral neuropathy non-industrial. A more recent follow up visit dated 04/08/2015 reported the patient

scheduled to undergo an epidural injection on 04/02/2015. The following medications were added to the regimen: Fenoprofen, Flexeril, Prilosec, Flurporfen cream and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in April 2012. He is being treated for chronic radiating back pain. An epidural injection was done in September 2014. When seen approximately 8 weeks afterwards, there had been no improvement after the injection. When seen by the requesting provider, the epidural injection is referenced as having lasted 2+ weeks. There was paraspinal muscle tenderness with spasm and decreased range of motion. There was normal strength. He had a slight limp. Guidelines recommend that, in the therapeutic phase, repeat injections 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. In this case, when seen approximately 8 weeks after the previous injection, any efficacy from the injection had not lasted. The requesting provider does not document benefit lasting for at least 6 weeks. Therefore, the requested repeat lumbar epidural steroid injection was not medically necessary.