

Case Number:	CM15-0099539		
Date Assigned:	06/02/2015	Date of Injury:	06/10/2014
Decision Date:	07/01/2015	UR Denial Date:	05/06/2015
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: 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 29 year old female patient, who sustained an industrial injury on 6/10/2014. The current diagnoses are right lumbar disc injury with facet arthralgia and right L2, L5, and S1 radiculopathy. She sustained the injury due to struck by a truck. Per the doctor's note dated 5/14/15, patient had improvement with physical therapy. She had cervical pain at 4-5/10 and low back pain at 3/10. The physical examination revealed tenderness and guarded range of motion of the cervical and lumbar spine due to pain. According to the progress report dated 4/20/2015, she had complains of low back pain. The pain is rated 5-6/10 with medications and 8/10 without. The physical examination of the lumbar spine revealed moderate-to-severe tenderness over the right L3-L4, L4-L5, and L5-S1 levels. The current medications are Lyrica and Sulindac. She has had EMG/NCS dated 1/14/15 which revealed right tarsal tunnel syndrome, right knee MRI on 3/9/15, lumbar MRI on 3/20/15 with unremarkable findings. Treatment to date has included medication management, MRI studies, TENS unit, and acupuncture. She has had 4/8 physical therapy visits with improvement for this injury. The plan of care includes prescriptions for right L5-S1 epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 epidural steroid injection, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: Request-Right L5 epidural steroid injection, quantity: 1. 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." Per the records provided, she had chronic neck and back pain with tenderness. She has had an EMG/NCS dated 1/14/15, which revealed right tarsal tunnel syndrome, lumbar MRI on 3/20/15 with unremarkable findings. Unequivocal evidence of radiculopathy documented by physical examination and corroborated by electro diagnostic 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. The patient has had 4/8 physical therapy with improvement. Failure to recent conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Right L5 epidural steroid injection, quantity: 1 is not medically necessary for this patient.

Right S-1 epidural steroid injection, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: Request- Right S-1 epidural steroid injection, quantity: 1. 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." Per the records provided, she had chronic neck and back pain with tenderness. She has had an EMG/NCS dated 1/14/15, which revealed right tarsal tunnel syndrome, lumbar MRI on 3/20/15 with unremarkable findings. Unequivocal evidence of radiculopathy documented by physical examination and corroborated by electro diagnostic 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. The patient has had 4/8 physical therapy with improvement. Failure to recent conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Right S-1 epidural steroid injection, quantity: 1 is not medically necessary for this patient.