

Case Number:	CM14-0195132		
Date Assigned:	12/02/2014	Date of Injury:	09/24/2008
Decision Date:	01/14/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/21/2014

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. The expert reviewer is Board Certified in American Board Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 (IW) is a 54-year-old man with a date of injury of September 24, 2008. The mechanism of injury was not documented in the medical record. Previous treatment has included medications, physical therapy, chiropractic treatment, facet block (2010), and LESI at L4-L5 with IV sedation (04/04/12). Documentation in the medical record indicates that the LESI performed in 2012 provided minimal relief for a week. Pursuant to the most recent clinical note dated December 3, 2014, the IW complains of severe flare-up of the lower back and left leg pain. The IW reports that after sitting for 10 minutes, his back pain escalates and pain shoots down the left leg to the little toes. Physical examination reveals positive straight leg raise for sciatic neuralgia at 40degrees. Decreased left S1 dermatomal sensation noted. The IW is taking Morphine Sulfate 15mg #180 (max/6 per day). The IW has been diagnosed with chronic pain syndrome; back pain, lumbar, with radiculopathy; degenerative facet disease, lumbar spine; degenerative disc disease, lumbar spine; insomnia, chronic; obesity; and depression, chronic. The treating physician is requesting authorization for repeat LESI at L4-L5, under fluoroscopy, with monitored sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat LESI (Lumbar epidural steroid injection) at L4-5, under fluoroscopy, with monitored sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back. Epidural Steroid injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, repeat lumbar epidural steroid injection at L4 - L5, under fluoroscopy with monitored sedation is not medically necessary. The criteria for the use of epidural steroid injections are enumerated in the Official Disability Guidelines. They include, but are not limited to, radiculopathy must be documented, objective findings on physical examination need to be present, radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing; repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response; if after initial block/blocks are given and found to produce pain relief of at least 50 to 70% for at least 6 to 8 weeks, additional blocks may be required, etc. In this case, the injured worker's working diagnoses are chronic pain syndrome, back pain, lumbar with radiculopathy, degenerative facet disease of the lumbar spine, insomnia, obesity and chronic depression. Documentation based on an office note from September 30, 2014 reflects the previous steroid injection in 2012 only provided minimal relief for about a week. Facet blocks provided no relief. Pain is worsening with activities and improved with medications. In a progress note dated August 20, 2014 there were subjective complaints with pain radiating down the right leg. However, there were no physical examination findings of radiculopathy. Additionally, there were no electrodiagnostic studies to confirm the presence of radiculopathy. Consequently, absent the appropriate response from the prior epidural steroid injection along with physical examination evidence of radiculopathy and confirmatory electrodiagnostic studies, repeat lumbar epidural steroid injection at L4 - L5 under fluoroscopy, with monitored sedation is not medically necessary.