

Case Number:	CM15-0000162		
Date Assigned:	01/09/2015	Date of Injury:	06/10/2011
Decision Date:	03/09/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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 69 year old female, who sustained an industrial injury on 6/10/2011. She had reported breaking her nose, front teeth and with back pain radiating to right lower extremity. She had also suffered a mild concussion and bruised the knee. The medical records indicated a long history of multiple comorbidities. Treatment to date has included cervical steroid injections initiated in 2010 and transforaminal epidural steroid injections 2011 to present with varying relief. She underwent a total knee replacement. Additional conservative treatment documented included physical therapy, chronic anti-inflammatory use, muscle relaxer and Norco. Currently in November 2014, the IW complains of lower back pain radiating to right lower extremity with weakness and numbness. Last epidural, documented as a second injection, was four months prior. The epidural injection was documented to provide immediate 25% improvement in symptoms, with two weeks post procedure improvement increasing up to 50% that lasted approximately two months. Diagnoses included degenerative lumbar vertebra, spinal stenosis, displacement of lumbar intervertebral disc without myelopathy, lumbago, lumbar sprain, and thoracic or lumbosacral neuritis or radiculitis. Continued medications documented included chronic anti-inflammatory use, cyclobenzaprine and Norco, which were documented to lower pain 30% and increase function in activities in daily life, mobility and restorative sleep. On 12/3/2014 Utilization Review non-certified a epidural steroid injection to L4-5 and L5-S1, noting the documentation failed to support medical necessity. The MTUS Guidelines for epidural steroid injections were cited. On 12/31/2014, the injured worker submitted an application for IMR for review of transforaminal epidural steroid injection right L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection right L4-5 and L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is more than four years status post work-related injury and continued to be treated for chronic radiating low back pain. Treatments have included epidural injections with the last injection performed four months ago. When seen by the requesting provider, the claimant had up to 50% pain relief beginning two weeks after the injection which lasted for approximately 2 months. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injection is within applicable guidelines and therefore medically necessary.