

Case Number:	CM15-0000288		
Date Assigned:	01/09/2015	Date of Injury:	11/22/1998
Decision Date:	03/12/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/02/2015

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 66 year old female who sustained an industrial injury on October 22, 1998. She reported injuries to her left knee and lower back and has been diagnosed with radiculopathy. Treatment to date has included medical imaging, lumbar spine surgery, lumbar epidural injection with good relief, left knee cortisone injection, and pain medications. Currently the injured worker has had tenderness at the proximal end of the lumbar scar and over her right buttocks radiating down her right leg. The treating physicians treatment plan consisted of lumbar epidural injection and Norco tablets. On December 10, 2014 Utilization Review non certified a lumbar epidural steroid injection noting the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Epidural Steroid Injections (ESIs).

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

Decision rationale: The patient presents with low back pain and right radiating leg pain. The request is for a LUMBAR EPIDURAL STEROID INJECTION (no level indicated). There is no RFA nor work status provided. She had a prior epidural steroid injection in November 2013 (no level provided). In regards to epidural steroid injections, MTUS pages 46-47 have the following criteria under its chronic pain section: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing In the therapeutic phase, repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. The patient has low back pain and right radiating leg pain. She has a limited range of motion and her lumbar spine is tender at the proximal end of the lumbar scar and over her right buttock radiating down her right leg. In addition, she has tingling over the dorsal aspect of her right foot and her straight leg raise is limited by low back pain at 80 degrees. The patient has evidence of atrophy of the right thigh and leg from her lower back. MTUS requires at least 50% pain relief with associated reduction of medication use for six to eight weeks," for repeat blocks. In this case, the patient had a prior epidural steroid injection in November 2013 which gave about 80% relief. The 12/02/14 report states that in the past she has had lumbar epidural and she has good prolonged relief from that epidural. She's been able to decrease her Norco following that epidural. However, there are no imaging studies provided. The treater does not discuss imaging studies describing any potential nerve root lesions. In the absence of a clear dermatomal distribution of pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI is not indicated. The requested lumbar epidural steroid injection IS NOT medically necessary.