

Case Number:	CM15-0002449		
Date Assigned:	01/13/2015	Date of Injury:	06/08/2005
Decision Date:	03/16/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/06/2015

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, Washington

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 68-year-old female who reported an injury on 06/08/2005. The mechanism of injury was unspecified. Her diagnoses include lumbago, lumbar degenerative disc disease, a bulging lumbar disc, lumbar facet arthropathy, lumbar radiculitis. Past treatments included physical therapy, home exercise, injections, and medication. Diagnostic studies included an official lumbar MRI performed on 08/10/2005, that revealed a disc bulge at the L4-5 and L5-S1, without neural encroachment, and mild neural foraminal compromise at the L5-S1 related to facet arthropathy. On 01/05/2015, the injured worker complained of low back pain rated 5/10 to 9/10 that radiated to the right lower extremity down the lateral thigh and knee. The physical examination of the lumbar spine revealed positive for lumbar facet loading on the right, tenderness at the L5 with good range of motion, positive straight leg raise on the right, tenderness at the right SI joint radiating into the right lateral hip and leg, and sensory deficits in the L4-5 dermatomes. Relevant medications included Prozac 20 mg, omeprazole 20 mg, nabumetone 750 mg, and Norco 7.5-325 mg. The treatment plan included 1 right epidural steroid injection at the L4-5 level. A rationale was not provided. A Request for Authorization form was submitted on 01/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right epidural steroid injection at L4-5 levels: 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 rationale: The request for 1 right epidural steroid injection at the L4-5 level is not medically necessary. According to the California MTUS Guidelines, criteria for the use of epidural steroid injections include documentation of radiculopathy by physical examination and corroborated by imaging studies. Furthermore, repeat blocks should be based on continued objective documented pain and functional improvement of at least 60% of pain relief, with associated reduction of medication use for 6 to 8 weeks. In addition, the guidelines do not support a series of 3 injections, and only recommend no more than 2 ESI injections. The injured worker was indicated to have had 3 previous epidural steroid injections, with the last 1 on 09/22/2010, indicating an 80% decrease in pain, with decrease in Vicodin use and improved activity. The injured worker as indicated to have decreased sensation, a positive straight leg raise in the L4-5 dermatomes. However, a more recent diagnostic study was not available to corroborate radiculopathy symptoms upon physical examination. In addition, the documentation indicated the patient was able to use her medication to decrease her pain, along with increased activities, and overall activity by stretching daily to minimize chronic pain. However, there was a lack of documentation to indicate the patient had recently failed physical therapy, exercise, or muscle relaxants. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.