

Case Number:	CM15-0006690		
Date Assigned:	01/21/2015	Date of Injury:	11/01/2007
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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: Arizona, Michigan
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 47 year old male, who sustained an industrial injury, November 1, 2007. The injured workers chief complaint was low back pain. The injured worker was diagnosed with lumbago, thoracic or lumbosacral neuritis, chronic low back pain or radiculopathy unspecified and lumbar degenerative disc disease. According to the progress note of December 22, 2014, the injured worker has been treated in the past with epidural steroid injections April 15, 2014 and August 5, 2014, with 70% relief in pain, lasting three months. The injured worker also has been treated with pain medications of Tramadol and Vicodin, MRI of the lumbar spine and lower extremity nerve conduction studies. On December 22, 2014, the primary physician requested a lumbar epidural steroid injection with sedation at level L5-S1, lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection with sedation at level L5-S1 QTY: 1: Overturned

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 (ESIs). Page(s): 46.

Decision rationale: Per the MTUS, Epidural Steroid Injections are recommended as an option for the treatment of radicular pain. the purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. 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. a review of the injured workers medical records show that he has received ESI's in the past with successful outcomes. His medical records show that his pain level is down to 5-6/10 following the ESI dated 8/5/14 with 70% relief and a decrease of opioid use by 50% for 3 months, he also reports improved quality of life and functioning with less pain he is able to sleep better due to pain relief from the injections and is able to use tramadol instead of vicodin for rescue. Based on the injured workers clinical presentation and the guidelines the request for Lumbar Epidural Steroid Injection with sedation at level L5-S1 QTY: 1 is medically necessary and appropriate.