MAXIMUS Federal Services

Case Number:	CM15-0100900		
Date Assigned:	06/03/2015	Date of Injury:	05/02/2014
Decision Date:	07/01/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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: Emergency 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 is a 41 year old male, who sustained an industrial injury on 5/2/2014. The current diagnoses are lumbar disc disorder and lumbar radiculopathy. According to the progress report dated 5/1/2015, the injured worker notes reduction in his lower back pain and radicular symptoms following his lumbar epidural steroid injection. The pain is rated 2-3/10 on a subjective pain scale. The physical examination of the lumbar spine reveals bilateral paralumbar muscle spasms, limited range of motion, and positive straight leg raise test on the left. The current medication list is not available for review. Treatment to date has included medication management, physical therapy, chiropractic, electrodiagnostic testing, home exercise program, and transforaminal epidural steroid injection. Per notes, with the treatments provided to date inclusive of the lumbar epidural is allowing him to return to modified work. The plan of care includes second lumbar epidural (Left L4-L5 transforaminal epidural steroid injection).

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Lumbar Epidural (Left L4-L5 transforaminal epidural steroid injection): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 46, Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested Second Lumbar Epidural (Left L4-L5 transforaminal epidural steroid injection) , is not medically necessary. California s Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat injections: "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." The injured worker has notes reduction in his lower back pain and radicular symptoms following his lumbar epidural steroid injection. The pain is rated 2-3/10 on a subjective pain scale. The physical examination of the lumbar spine reveals bilateral paralumbar muscle spasms, limited range of motion, and positive straight leg raise test on the left. The treating physician did not document criteria based levels of the percentage and duration of relief from the previous epidural injection. The criteria noted above not having been met, Second Lumbar Epidural (Left L4-L5 transforaminal epidural steroid injection) is not medically necessary.