

Case Number:	CM15-0101805		
Date Assigned:	06/04/2015	Date of Injury:	06/26/2013
Decision Date:	07/07/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/27/2015

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, 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 63 year old female, who sustained an industrial injury on June 26, 2013, incurring low back, arms, and left knee injuries after slipping and falling. She was diagnosed with lumbar degenerative disc disease and lumbar stenosis and internal derangement and patella chondromalacia of the left knee. Treatment included physical therapy, anti-inflammatory drugs, epidural steroid injection, knee bracing, pain medications and work restrictions. She underwent a left knee arthroscopy and cartilage debridement with chondroplasty. Magnetic Resonance Imaging of the lumbar spine revealed degenerative changes with lateral disc protrusions and facet arthropathy. Currently, the injured worker complained of persistent lumbar back pain radiating into the buttock. The treatment plan that was requested for authorization included a lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar epidural L4-5 Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 48.

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

Decision rationale: Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is indication that previous epidural injections have provided at least 50% pain relief with functional improvement and reduction in medication use for at least six weeks. The note dated 3/24/2015 which is associated with this request only document that the patient had "some" improvement although persistent discomfort is still noted. In the absence of such documentation, the currently requested repeat Lumbar epidural steroid injection is not medically necessary.