

Case Number:	CM15-0102226		
Date Assigned:	06/04/2015	Date of Injury:	04/01/2011
Decision Date:	07/09/2015	UR Denial Date:	05/08/2015
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: Massachusetts

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 49-year-old female who sustained an industrial injury on 04/01/2011. Current diagnoses include cervical strain/sprain, lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, right lower extremity pain, right shoulder pain, depression, chronic pain, and herniated nucleus pulposus with extrusion at L4-L5 with bilateral L5 nerve compression and annular tear at L4-L5 and L5-S1. Previous treatments included medications, physical therapy, epidural steroid injection on 06/19/2014, psychological evaluation, and home exercise program. Previous diagnostic studies include a MRI of the lumbar spine. Report dated 04/30/2015 noted that the injured worker presented with complaints that included neck pain with radiation to the right elbow, low back pain with radiation to the lower extremities with numbness, tingling, and weakness, right leg pain, and depression. Pain level was 9 out of 10 on a visual analog scale (VAS) with medications. Physical examination was positive for tenderness in the lumbar spine and range of motion was limited, pain with flexion and extension, facet signs were present bilaterally, decreased sensation in the lower extremities, and straight leg raise was positive. The treatment plan included a request for a lumbar epidural steroid injection, continue with home exercise program, urine drug screening was obtained, follow up in one month and medications were renewed which included flexeril, gabapentin, hydrocodone/APAP, and tramadol. It was noted that the injection performed on 06/19/2014 provided 50-80% relief with functional improvement, which lasted for two months. Disputed treatments include bilateral L4-L5 transforaminal epidural steroid injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 Transforaminal Epidural Steroid Injection under fluoroscopy, QTY: 2:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in April 2011 and continues to be treated for radiating neck and low back pain. When seen, pain was rated at 9/10. There was bilateral lower extremity pain with numbness and weakness affecting the left greater than right side. An epidural steroid injection in June 2014 had provided 50-80% pain relief for 2 months. There was decreased lower extremity strength, sensation, and positive straight leg raising. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injection is within applicable guidelines and therefore medically necessary.