

Case Number:	CM15-0102660		
Date Assigned:	06/05/2015	Date of Injury:	07/13/1988
Decision Date:	07/08/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/28/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 7/13/1988. Diagnoses include foraminal stenosis at L3-4, L4-5, herniated disc at L3-4, degenerative disc and lumbar degenerative scoliosis. Treatment to date has included diagnostics, epidural injections, medications including Meloxicam and Norco and activity modification. Magnetic resonance imaging (MRI) of the lumbar spine (2008) showed degenerative scoliosis, degenerative discs at multiple levels, herniated disc at L3-4 and severe foraminal stenosis at L4-5 and L5-S1. Per the Primary Treating Physician's Progress Report dated 2/20/2015, the injured worker reported significantly increased back pain. He reports that prior epidural injections (1/14/2012) provided significant relief of symptoms. Physical examination of the lumbar spine revealed decreased extension due to severe pain in the back. The plan of care included selective epidurals at L3 and L4 bilaterally and authorization was requested for transforaminal bilateral epidural steroid injection at L3 and L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Injection, Bilateral (lumbar) L3 and L4: 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 Section 2
Page(s): 46.

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is no documentation of 50% or greater reduction in pain for 6-8 weeks after the prior injections. Epidural steroid injection is not medically necessary.