

Case Number:	CM15-0103237		
Date Assigned:	06/05/2015	Date of Injury:	06/15/2004
Decision Date:	07/08/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/29/2015

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 72 year old male injured worker suffered an industrial injury on 06/15/2004. The diagnoses included lumbar laminectomy, neuralgia pain, lumbar radiculopathy, chronic and acute pain, and depression. The injured worker had been treated with medications and epidural steroid injections. On 4/21/2015 the treating provider reported he had done quite well in the past and was paying out of pocket for the epidural blocks twice a year that helped his pain significantly. The pain was going down the right leg. The pain does down the right anterior thigh, posterior thigh, groin and the back. On exam there was gait impairment with positive straight leg raise on the right along with tenderness to the right sacroiliac notch. The treatment plan included Epidural steroid block injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid block injections for L4-L5, S1 two (2) times a year.: Upheld

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 Pg. 46, Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for Epidural steroid block injections for L4-L5, S1 two (2) times a year, 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 treating physician has documented that the injured worker had done quite well in the past and was paying out of pocket for the epidural blocks twice a year that helped his pain significantly. The pain was going down the right leg. The pain does down the right anterior thigh, posterior thigh, groin and the back. On exam there was gait impairment with positive straight leg raise on the right along with tenderness to the right sacroiliac notch. The treating physician did not document the percentage of relief from the previous epidural injection, nor documented derived functional improvement including medication reduction from the previous epidural injection. The criteria noted above not having been met, Epidural steroid block injections for L4-L5, S1 two (2) times a year is not medically necessary.