

Case Number:	CM15-0104416		
Date Assigned:	06/08/2015	Date of Injury:	02/06/2009
Decision Date:	07/14/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	06/01/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 68 year old male, who sustained an industrial injury on 2/6/2009. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar radiculopathy, anxiety, depression and pain exacerbation. Electromyography (EMG) showed right sided radiculopathy and lumbar magnetic resonance imaging showed neural foraminal stenosis. Treatment to date has included epidural steroid injection, physical therapy and medication management. In a progress note dated 4/3/15, the injured worker complains of lumbosacral pain radiating to the bilateral lower extremities, rated 9/10. The injured worker notes improvement after receiving a lumbar epidural steroid injection. Physical examination showed lumbar tenderness and loss of motion. In a progress note dated 5/8/2015, the injured worker reported having an epidural steroid injection on 4/23/2015 with 75 % relief and pain rated 3/10. The treating physician is requesting repeat lumbar epidural steroid injection at lumbar 5-sacral 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar epidural steroid injection at L5-S1: 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 Page(s): 46 of 127.

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. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. 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 no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.