

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0105131 | | |
| Date Assigned: | 06/10/2015 | Date of Injury: | 01/04/2011 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/09/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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

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 a work related injury on 1/4/11. The diagnoses have included lumbar spondylolisthesis, right radiculopathy, lumbar disc disease, sciatica and lumbosacral strain/sprain. Treatments have included medications, lumbar epidural steroid injections and physical therapy. In the PR-2 dated 2/26/15, the injured worker complains of lower back pain. He rates this pain level a 7/10. He has radiating pain in legs. He rates this pain a 7-8/10. He describes his back pain as tingling, stabbing, sharp, radiating, numbness, soreness, constant, cramping, burning and hotness. He feels weakness in his low back and legs. He obtained 50%-60% pain relief from previous epidural steroid injections. The treatment plan includes a recommendation for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective anesthetic nerve block and injection prone position right L5-S1 with a date of service of 3/20/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. In addition, to repeat a LESI 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. Submitted reports have not demonstrated any functional improvement derived from the LESI. Criteria for the epidurals have not been met or established. The Retrospective anesthetic nerve block and injection prone position right L5-S1 with a date of service of 3/20/2015 is not medically necessary or appropriate.