

Case Number:	CM15-0107911		
Date Assigned:	06/12/2015	Date of Injury:	10/17/2013
Decision Date:	07/13/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/04/2015

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, 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 male, who sustained an industrial injury on October 17, 2013. The injured worker was diagnosed as having spinal stenosis and radiculopathy. Treatment to date has included physical therapy, MRIs, and medication. Currently, the injured worker complains of discomfort and pain in the left leg with numbness, tingling, and radiating symptoms down the leg. The Treating Physician's report dated April 14, 2015, noted the injured worker with pain toward the lumbar spine terminal range of motion (ROM), with positive straight leg raise, and decreased sensation in the L4 and L5 dermatomes. The treatment plan was noted to include a recommendation for an epidural injection at L3-L4 and L4-L5 to hopefully alleviate most of the discomfort and pain and to avoid surgical intervention. The injured worker was noted to be encouraged to continue with the anti-inflammatory medication and home exercises, and would be having a CT scan of the cervical spine. An MRI dated December 11, 2014 shows neural foraminal encroachment at L3-4 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection, lumbar spine at L3-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for Epidural steroid injection, lumbar spine at L3-L5, 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, it is unclear if this is an interlaminar injection or a transforaminal injection. Guidelines do not support the use of interlaminar injections at more than one level at a time. Additionally, if this is a transforaminal injection, notes do not indicate which side the injections are to be placed, and there is no provision to modify the current request. In the absence of clarity regarding those issues, the currently requested Epidural steroid injection, lumbar spine at L3-L5 is not medically necessary.