

Case Number:	CM15-0132396		
Date Assigned:	07/20/2015	Date of Injury:	06/19/2013
Decision Date:	08/18/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/08/2015

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 60 year old female who sustained an industrial injury on June 19, 2013. She has reported low back pain with radiation into both legs, worse on the right than the left and has been diagnosed with pain in joint pelvis thigh, spondylosis lumbosacral, closed fracture of epiphysis of neck of femur, right hip subtrochanteric fracture that was displacing closed, status post right hip ORIF, and gait disturbance. Treatment has included injection, medications, surgery, physical therapy, acupuncture, and medical imaging. She had a 13 cm surgical scar over the right lateral hip. There was a 2 cm scar over the lower lateral aspect of the right thigh and a 2 cm scar over the right lateral aspect of the knee. She has guarding noted on the right hip flexion and extension. She had tenderness to palpation over the left lower lumbar facet joints from the approximate levels of L3-5. There was guarding on both lumbar flexion and extension. There was less pain with right lateral lumbar flexion. Straight leg raise testing was positive on the right and mildly positive on the left. The treatment request included a bilateral transforaminal lumbar epidural steroid injection, lumbar epidurogram, IV sedation, fluoroscopic guidance, contrast dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal lumbar epidural steroid injection (LESI), lumbar epidurogram, IV sedation, fluoroscopic guidance, contrast dye: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46-47.

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. 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 that previous epidural injections have provided at least 50% pain relief with functional improvement and reduction in medication use for at least six weeks. The patient was noted to have undergone an epidural on 5/30/2014, but it was unclear what percent pain reduction was gained from this procedure. The note from 1/2015 states that the worker had "moderate decrease" in leg symptoms. In the absence of requisite documentation, the currently requested repeat Lumbar epidural steroid injection is not medically necessary.