

Case Number:	CM15-0132503		
Date Assigned:	07/20/2015	Date of Injury:	08/08/2008
Decision Date:	08/17/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/09/2015

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 39-year-old male who sustained an industrial/work injury on 8/8/08. He reported an initial complaint of low back pain. The injured worker was diagnosed as having lumbar disc protrusion with radiculopathy and degenerative disc disease of lumbar spine. Treatment to date includes medication, diagnostics, injections, and surgery (anterior interbody fusion at L5-S1 and artificial disc at L4-5). CT scan results reported on 5/2/14. X-ray results were reported on 4/13/15. Currently, the injured worker complained of pain in the low back with radiation into the left thigh and right-sided posterior buttock and thigh pain radiating down to the knee. Per the primary physician's report (PR-2) on 4/13/15, report suggests that the epidural injection wore off and pain is now radiating to the left hip, which is intermittent, but is stabbing and shooting. McGill questionnaire, functional capacity evaluation, and pain profile were done without a physical exam. Current plan of care included pain management with another epidural injection. The requested treatments include Lumbar epidural block at L3-4. A letter dated May 27, 2015 states that the patient's last injection in January 2015 provided 3 months of 60 to 70% relief, reduction in medication intake, and improved activities. He describes low back pain radiating into his left anterior thigh. Imaging reports show no neuroforaminal narrowing at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural block at L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 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 to 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 are no imaging or electro diagnostic studies confirming a diagnosis of radiculopathy at the proposed treatment level. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.