

Case Number:	CM15-0133434		
Date Assigned:	07/21/2015	Date of Injury:	07/18/2012
Decision Date:	08/17/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

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:

This is a 49 year old female with a July 18, 2012 date of injury. A progress note dated May 7, 2015 documents subjective complaints (increasing lower back pain that radiates down both legs and legs feel heavy; pain rated at a level of 7/10), objective findings (slowed gait; moderate tenderness to palpation to the lumbosacral paraspinal muscles; deep tendon reflexes of the lower extremities depressed bilaterally; positive straight leg raise bilaterally), and current diagnoses (chronic lower back pain; lumbar internal disc disruption at L5-S1; lumbar radiculitis).

Treatments to date have included medications, transcutaneous electrical nerve stimulator unit, lumbar epidural steroid injection, psychotherapy, and imaging studies. The treating physician requested retrospective authorization for a repeat 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 request for lumbar transaminar epidural steroid injection, with fluoroscopic guidance at L5-S1, date of service 5/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in July 2012 and continues to be treated for radiating back pain. Treatments have included lumbar epidural steroid injections. An injection in April 2014 provided 90% pain relief lasting for at least three months. An interlaminar epidural injection in January 2015 provided decreased pain lasting for only five weeks. The procedure report was reviewed and the injection was done with use of fluoroscopy and contrast confirming proper flow of the medication injected. When seen, she was having increasing pain radiating into the lower extremities. Pain was rated at 7/10. There was lumbar paraspinal muscle tenderness with decreased lower extremity strength and positive straight leg raising. Another L5-S1 interlaminar epidural injection was planned. In the therapeutic phase guidelines recommend that repeat injections 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. In this case, the duration of pain relief following the previous injection was less than six weeks and the degree of pain relief is not documented. The repeat lumbar epidural steroid injection was not medically necessary.