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| Case Number: | CM15-0133755 | | |
| Date Assigned: | 07/21/2015 | Date of Injury: | 04/13/2007 |
| Decision Date: | 08/24/2015 | UR Denial Date: | 06/08/2015 |
| 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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 injured worker is a 76 year old male who reported an industrial injury on 4/13/2007. His diagnoses, and or impression, were noted to include: status-post lumbosacral micro-laminotomy, foraminotomy and discectomy with chronic back and left leg pain; multi-level lumbosacral degenerative disc disease with space narrowing, disc bulging and bone-on-bone; and severe foraminal stenosis with scaring around the sacral-1 nerve root. No current imaging studies were noted. His treatments were noted to include epidural steroid injections 1 year prior that were 60-70% effective; an independent exercise program; and medication management. The progress notes of 5/26/2015 reported a follow-up visit for complaints of back pain that radiated down the left leg/thigh/knee, with occasional pain that radiated down the distal leg, temporarily helped by medications. Objective findings were noted to include tenderness along the lumbar para-spinal muscles, ilio-lumbar and sacroiliac regions; positive left straight leg raise; bilateral hamstring tightness; a slow and antalgic gait; and a well-healed lumbar surgical scar. The physician's requests for treatments were noted to include lumbar inter-laminar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-L5 Interlaminar epidural steroid injection with fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroids Page(s): 46.

Decision rationale: Guidelines recommend epidural injections as an option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The decision to perform repeat epidural steroid injections is based on objective pain and functional improvement, including at least 50% pain relief with reduction in pain medications for 6-8 weeks. In this case, there was no documentation of any motor or sensory deficits and no period of relief indicated from the previous injection. The request for right L4-5 lumbar epidural steroid injection is not medically appropriate and necessary.