

Case Number:	CM15-0134985		
Date Assigned:	07/23/2015	Date of Injury:	09/24/2014
Decision Date:	08/19/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/13/2015

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: 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:

The injured worker is a 50 year old male, who sustained an industrial injury on 9/24/2014. Diagnoses include lumbar radiculopathy and chronic low back pain. Treatment to date has included surgical intervention (lumbar L5-S1 fusion, 2004) as well as conservative measures including diagnostics, pain management referral, epidural steroid injections, modified work, physical therapy and medications including Zanaflex, Flexeril, Norco and Gabapentin. Magnetic resonance imaging (MRI) of the lumbar spine dated 12/03/2014 revealed status post L5-S1 fusion, mild bilateral neural foraminal narrowing L5-S1 and degenerative disc changes at L4-5 causing mild canal stenosis with moderate bilateral neural foramen narrowing. When compared to the MRI of the lumbar spine dated 1/11/2008 there are no major interval changes. Per the Physical Medicine visit dated 6/17/2015, the injured worker reported chronic low back pain with bilateral radicular symptoms. Physical examination revealed tenderness and pain to the lumbar spine. The plan of care included injections and authorization was requested for a lumbar epidural steroid injection at L4-5 versus a caudal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5 VS Caudal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 46, Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested Lumbar epidural steroid injection at L4-L5 VS Caudal epidural steroid injection is not medically necessary. California's Division of Workers Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat injections: In the therapeutic phase, 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. The injured worker has chronic low back pain with bilateral radicular symptoms. Physical examination revealed tenderness and pain to the lumbar spine. The treating physician has not sufficiently documented current exam and diagnostic evidence of radiculopathy, nor the percentage and duration of functional benefit from previous epidural injections. The criteria noted above not having been met, Lumbar epidural steroid injection at L4-L5 VS Caudal epidural steroid injection is not medically necessary.