

Case Number:	CM15-0143398		
Date Assigned:	08/04/2015	Date of Injury:	06/12/2001
Decision Date:	09/01/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/23/2015

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:

The injured worker is a 60 year old male with an industrial injury dated 06/12/2001. The injury is documented as occurring when he was a building maintenance worker and was crawling under a table. He stretched out his right leg and noted a pain in the right hip "socket". His diagnoses included failed back surgery syndrome (lumbar spine), chronic low back pain with lumbar radiculitis, bilateral lower extremity neuropathy and muscle spasms. Prior treatment included cortisone injection to the right hip, physical therapy, lumbar surgery, total hip replacement, spinal cord stimulator, chiropractic treatments and medications. He presented on 06/17/2015 with complaints of poor low back pain control. The effects of lumbar epidural steroid injection at lumbar 3-4 done on 03/11/2015 had worn off. The provider documented the injured worker was now feeling return of low back pain with radiation of pain to thigh and legs down to feet. Objective findings included positive straight leg raising with decreased sensation to bilateral lower extremities. Treatment plan included continue chiropractic care, medications and return in 1 month. The treatment request is for injection-steroid lumbar epidural with fluoroscopic guidance, Depomedrol at L 3-L4 Qty: 1

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection-steroid lumbar epidural with fluroscopic guidance, depomedrol at L3-L4 Qty:1:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2001 and continues to be treated for radiating back pain. An epidural injection was done on 03/11/15. In follow-up nearly 6 weeks later there had been an 80% improvement and pain was rated at 2/10. When seen nearly two months later, the effect of the epidural injection had worn off. He was having radiating low back pain. He was continuing to receive chiropractic treatments. Pain was now rated at 8/10. Physical examination findings included positive straight leg raising. Medications were refilled. Authorization for another epidural injection was requested. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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 claimant had 80% pain relief lasting greater than 6 weeks. The requested repeat lumbar epidural steroid injection was medically necessary.