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| Case Number: | CM15-0148726 | | |
| Date Assigned: | 08/12/2015 | Date of Injury: | 06/30/2013 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 07/01/2015 |
| Priority: | Standard | Application Received: | 07/31/2015 |

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:

This 38 year old male sustained an industrial injury on 6-30-13. He subsequently reported back pain. Diagnoses include lumbar degenerative disc disease sprain and strain. Treatments to date include x-ray and MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, there is pain with extension and rotation. There is some radicular symptomatology. Decreased sensation in the L5 nerve root distribution and positive sciatic notch pain is noted. A request for Bilateral lumbar Epidural Steroid Injection at L4-L5 was made by the treating physician. A progress report dated May 21, 2015 states that the patient had "blocks" in November 5, 2013. He got 99% relief with decreased narcotic usage. The note indicates that the patient did well and with 99% better for over 12 months and almost got off all narcotics and went back to work. An MRI performed on August 9, 2013 shows mild left neuroforaminal stenosis and no right neuroforaminal stenosis at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar Epidural Steroid Injection at L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, it is unclear exactly what type of injection was performed previously. Additionally, if an epidural injection was performed, it is unclear what levels it was performed at. Furthermore, there are no imaging or electrodiagnostic studies confirming a diagnosis of radiculopathy at the proposed treatment levels. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.