MAXIMUS Federal Services

Case Number:	CM15-0162151		
Date Assigned:	08/28/2015	Date of Injury:	04/13/1985
Decision Date:	10/13/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/18/2015

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 69 year old female who sustained an industrial injury on 04-13-95. A review of the medical records indicates the injured worker is undergoing treatment for sacroilitis, polyneuropathy, degenerative lumbar-lumbosacral intervertebral disc disease, thoracic-lumbar neuritis-radiculitis, and muscle spasms. Medical records (07-23-15) reveal the injured worker complaints of headache, back, low back, hip, knee, and ankle pain rated at 8/10 at its worse and 6/10 at best. No mention is made of the impact of medications on her pain. The physical exam (07-23-15) reveals decreased range of motion in the lumbar spine, tenderness to palpation, in the lumbar paraspinous and bilateral sacroiliac joint as well as radicular pain in the right L5 nerve toot distribution. Treatment has included medications including Percocet, amitriptyline, gabapentin, Lidoderm patches, Soma, Topamax, and naproxen, as well as epidural injections. The original utilization review (08-07-15) non certified a lumbar epidural steroid injection at the right L5 site.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar interlaminar epidural steroid injection at right L5: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant has a remote history of a work injury occurring in April 1995 and is being treated for headaches, and back, hip, knee, and ankle pain. When seen, she was having sharp, burning, and aching pain with pins and needles. Authorization for a repeat right transforaminal epidural injection was requested. A previous epidural injection is referenced as providing 50% pain relief lasting for one year with decreased medication use for several months. A repeat epidural injection was being requested. Physical examination findings included a BMI of over 44. There was decreased lumbar spine range of motion with tenderness, muscle spasms, and trigger points. There was bilateral sacroiliac joint tenderness with positive Patrick and Fabere testing. There was right lower extremity weakness with positive straight leg raising. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than four blocks per region per year. In this case, the claimant had 50% pain relief lasting for one year with a reported decreased medication use. Physical examination findings support the presence of radiculapathy and the injection being requested. A repeat epidural injection is within applicable guidelines and medically necessary.