

Case Number:	CM15-0163306		
Date Assigned:	08/31/2015	Date of Injury:	07/11/2014
Decision Date:	10/05/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/20/2015

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:

The injured worker is a 28 year old male, who sustained an industrial injury on 07-11-2014 after falling into a trench resulting in low back pain. On provider visit dated 05-06-2015 the injured worker's examination of the thoracolumbar spine revealed a mild reactive spasm on range of motion. The diagnoses have included lumbar spine strain. Treatment to date has included pain management consultation, physical therapy, medication, and home exercise program. The injured worker was noted to on temporary total disability. The provider requested L4-L5 Bilateral Epidural Steroid Injection. A progress report dated May 6, 2015 indicates that physical therapy was denied by the insurance carrier. A lumbar epidural was requested by a pain management consultant. The patient was informed that the injection has been approved and will tentatively be scheduled. Physical examination reveals normal neurologic exam in the lower extremities with negative straight leg raise. The note goes on to state that the patient has had 12 there be sessions and recommends an epidural steroid injection. A note dated June 25, 2015 indicates that the epidural was authorized at 1st and then after it expired it was not authorized further. A progress report dated March 4, 2015 indicates that an MRI of the lumbar spine shows L4-5 with moderate left foraminal narrowing and L5-S1 with moderate foraminal narrowing. A progress report dated April 16, 2015 identifies left L4 sensory loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Bilateral Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for L4-L5 Bilateral 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, there are no objective findings or imaging/electrodiagnostic studies supporting a diagnosis of radiculopathy on the right side. The current request is for bilateral injections. Unfortunately, there is no provision to modify the current request to a left side epidural injection only. As such, the currently requested L4-L5 Bilateral Epidural Steroid Injection is not medically necessary.