

Case Number:	CM15-0164579		
Date Assigned:	09/01/2015	Date of Injury:	10/20/2003
Decision Date:	10/05/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 47 year old male who sustained an industrial injury on 10-20-2003. The mechanism of the injury is not found in the records reviewed. The worker was stated to have sustained a herniated disc in his low back due to regular job duties. The injured worker was diagnosed as having right lumbar radiculopathy, and right sacroiliac joint pain. Treatment to date has included a lumbar epidural steroid injection in April 2015. The patient also had an epidural steroid injection in Dec. 2014. Currently, the injured worker states he received about 70% relief of his low back and leg pain for three months after injection, but his leg pain is slowly returning. His medications include Lunesta, and Ultram. He states with the medications and injections his pain is well controlled and he can remain active and functional. On exam, there is minimal axial tenderness on palpation of the lumbar spine. Palpation of the pelvis is reported to show decreased tenderness in the right sacroiliac joint. The plan of care is to continue current medications and request approval for a right transforaminal epidural steroid injection. A request for authorization was submitted for Right epidural steroid injection at S1, IV sedation, fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right epidural steroid injection at S1, IV sedation, fluoro: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, 2015 Chapter: Pain (Chronic).

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

Decision rationale: Right epidural steroid injection at S1, IV sedation, fluoro is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. The MTUS states that current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase and recommends no more than 2 ESI injections. The documentation indicates that the patient has already had 2 epidural steroid injections and the MTUS does not support more than 2. Additionally, there is no evidence that prior epidural steroid injections have resulted in a concomitant reduction in prescribed medications by 50% for 6-8 weeks. The request for a right epidural steroid injection at S1 is not medically necessary.