

Case Number:	CM15-0167481		
Date Assigned:	09/08/2015	Date of Injury:	03/18/2002
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/25/2015

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 (IW) is a 70-year-old female who sustained an industrial injury on 03-18-2002. Diagnoses include history of L5-S1 disc herniation with chronic back pain and bilateral lumbar radiculitis, greater on the right; and bilateral trochanteric bursitis. Treatment to date has included medications and epidural steroid injections (ESI). Her previous ESI provided 80% relief for approximately five months. According to the progress notes dated 7-23-2015, the injured worker reported low back pain with radiation down the bilateral lower extremities, worse on the left. The pain had been increasing for several months. On examination, there was tenderness along the paraspinal muscles, iliolumbar and sacroiliac regions. There was back pain with range of motion. Straight leg raising on the left was positive bilaterally, somewhat greater on the left. Reflexes were intact in the bilateral knees, 2+ in the right ankle and 1+ in the left ankle. Her gait was antalgic and somewhat slow. MRI of the lumbar spine dated 5-20- 2015 showed multilevel degenerative disc disease with borderline central spinal canal stenosis at L4-5 and L5-S1 with lateral recess stenosis as well; a transitional lumbosacral vertebral body was also noted. The treatment plan included continued medications, lumbar ESI and office visit in two months. A request was made for one lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection qty: 1.00: Overturned

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

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

Decision rationale: The claimant has a remote history of a work-related injury in March 2002 and is being treated for low back pain with right lower extremity radicular symptoms. Prior caudal epidural steroid injections are referenced as providing up to 75% pain relief lasting for about 5 months. When seen, she was having increasing pain. There was lumbar tenderness and pain with lumbar range of motion. There was an antalgic and slow gait. There was a decreased left ankle reflex. Left straight leg raising was positive. Prior assessments reference decreased right lower extremity sensation. 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 up to 75% pain relief lasting for 5 months after the previous injection and has radicular pain with positive straight leg raising, decreased lower extremity sensation, and decreased ankle reflex. The requested epidural injection is within applicable guidelines and is medically necessary.