

Case Number:	CM15-0186730		
Date Assigned:	09/28/2015	Date of Injury:	05/01/2015
Decision Date:	11/03/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/22/2015

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 is a 58 year old female, who sustained an industrial injury on 5-1-15. Medical records indicate that the injured worker is undergoing treatment for lumbar degenerative disc disease, lumbar spinal stenosis and left-sided lumbar five radiculopathy. The injured workers current work status was not identified. A progress report (7-30-15) notes that the injured worker had a prior lumbar epidural steroid injection for low back pain which provided 2-10 days of relief. The injured worker had another lumbar epidural steroid injection on 7-27-15 with no significant relief at the present time. The injured workers pain was rated 7 out of 10 on the visual analogue scale. Objective findings revealed normal posture, no tenderness to palpation and numbness in the lumbar-five distribution to light-touch and pinprick. Lumbar range of motion revealed flexion to be 80 degrees, extension 10 degrees, lateral bend 20 degrees and rotation 40 degrees. A straight leg raise test was negative bilaterally. A subsequent progress note dated 8-11-15 notes that the injured worker felt a little better but was still having upper back muscle spasms with shooting pain down the middle of the leg. The pain level was unchanged at 7 out of 10. Treatment and evaluation to date has included medications, epidural steroid injections and physical therapy. A current medication list was not provided. The request for authorization dated 8-7-15 requested a one repeat steroid epidural steroid injection to lumbar four-five. The Utilization Review documentation dated 8-20-15 non-certified the request for one repeat steroid epidural steroid injection to lumbar four-five.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at L4-L5, x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Epidural steroid injection at L4-L5, x1 is not medically necessary per the MTUS Guidelines. The MTUS states that 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. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. The MTUS recommends no more than 2 ESI injections. The documentation does not indicate 6-8 weeks of 50% pain relief with associated medication reduction therefore this request is not medically necessary.