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| Case Number: | CM15-0188230 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 06/11/2012 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 09/24/2015 |

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 33 year old male, who sustained an industrial injury on 6-11-12. The injured worker was diagnosed as having lumbosacral sprain, lumbar degenerative disc disease, lumbar radiculitis and chronic pain syndrome. Medical records (3-4-15 through 7-29-15) indicated 4-9 out of 10 pain. The physical exam (6-3-15 through 7-29-15) revealed lumbar range of motion 25% and the work status was permanent and stationary. Treatment to date has included cognitive behavior therapy (number of sessions not provided), a bilateral L5-S1 epidural injection on 6-20-14, a TENS unit, Neurontin and Naprosyn. As of the PR2 dated 9-4-15, the injured worker reports pain in his lower back. He rates his pain 4-8 out of 10. Objective findings include lumbar range of motion 25%, a positive straight leg raise test on the right and decreased sensation to the right lateral leg. The treating physician noted greater than 50% relief from the epidural injection a year ago. The treating physician requested a right L5-S1 epidural steroid injection. The Utilization Review dated 9-16-15, non-certified the request for a right L5-S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 epidural steroid injection: 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: The claimant sustained a work injury in June 2012 when he developed right thigh, buttock, and low back discomfort while working on a machine line. Electrodiagnostic testing in September 2012 is referenced as showing a right L5 radiculopathy. Epidural injections were done in March 2014 and June 2014 with reported 50% pain relief. In September 2014 had had pain rated at 8/10. The epidural steroid injections were reported as having been somewhat helpful. When seen, he was having ongoing low back pain with radiating symptoms. Pain was rated at 4-8/10. Physical examination findings included decreased and painful lumbar spine range of motion with tenderness. There was positive right straight leg raising and decreased right lateral leg sensation. Authorization for another epidural injection is being requested. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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. In this case, although a 50% improved is referenced the duration of pain relief following the previous injection is not documented. A repeat lumbar epidural steroid injection is not medically necessary.