

Case Number:	CM15-0189064		
Date Assigned:	10/01/2015	Date of Injury:	12/07/1998
Decision Date:	11/17/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/25/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 46 year old man sustained an industrial injury on 12-7-1998. Evaluations include an undated electromyogram of the bilateral lower extremities. Diagnoses include S1 radiculopathy. Treatment has included oral medications, chiropractic care, epidural steroid injections in 2012 without description of relief, and physical therapy. Physician notes dated 11-21-2014 show complaints of low back pain. The physical examination shows an inability to obtain Achilles or medial hamstring reflexes, positive slump test on the left side, decreased sensation to light touch and pin prick in the posterior thigh and medial calves bilaterally. Recommendations include left L4 and L5 epidural steroid injections, trigger point injections (administered during this visit), and follow up in three weeks. Utilization Review denied a request for bilateral L5 epidural steroid injection on 9-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumber L5, epidural corticosteroid injection, Qty 2: 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 injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections (ESI) include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing 2) Initially unresponsive to conservative treatment 3) Injections should be performed using fluoroscopy for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block 5) No more than two nerve root levels should be injected using transforaminal blocks 6) No more than one interlaminar level should be injected at one session 7) 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, with a general recommendation of no more than 4 blocks per region per year 8) No more than 2 ESI injections. In this case, the injured worker had ESIs done in 2012 yet there is no documentation of the pain relief or functional improvement as a result of the injections. The request for bilateral lumbar L5, epidural corticosteroid injection, Qty 2 is determined to not be medically necessary.