

Case Number:	CM15-0189471		
Date Assigned:	10/01/2015	Date of Injury:	05/13/2015
Decision Date:	11/13/2015	UR Denial Date:	09/25/2015
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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 28 year old male, who sustained an industrial injury on 5-13-2015. Medical records indicate the worker is undergoing treatment for lumbar strain, bilateral lumbar 5 spondylosis and lumbar mild degenerative disc disease. A recent progress report dated 8-24-2015, reported the injured worker complained of low back pain that is constant and severe and radiates to both legs. Physical examination revealed normal gait, pain limited lumbar range of motion and negative straight leg raise test. Lumbar magnetic resonance imaging showed lumbar 3-5 mild disc degeneration with disc protrusion, impinges upon both traversing L4 nerves and mildly impinging upon both traversing L5 nerve roots. Treatment to date has included chiropractic care, Naproxen and Ultracet. On 9-8-2015, the Request for Authorization requested Outpatient lumbar epidural steroid injections at lumbar 3-4 level and bilateral lumbar 5. On 9-25-2015, the Utilization Review noncertified the request for Outpatient lumbar epidural steroid injections at lumbar 3-4 level and bilateral lumbar 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injections at L3-L4 level and bilateral L5: 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: Regarding the request for Outpatient lumbar epidural steroid injections at L3-L4 level and bilateral L5, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Radiculopathy must be documented by physical examination. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there are no recent objective examination findings supporting a diagnosis of radiculopathy. In the absence of such documentation, the currently requested Outpatient lumbar epidural steroid injections at L3-L4 level and bilateral L5 is not medically necessary.