

Case Number:	CM15-0203409		
Date Assigned:	10/20/2015	Date of Injury:	04/01/2009
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/15/2015

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: Physical Medicine & Rehabilitation

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 51 year old male injured worker suffered an industrial injury on 4-1-2009. The diagnoses included lumbar post-laminectomy syndrome, thoracic-lumbar neuritis and lumbosacral spondylosis. On 9-8-2015 the treating provider reported back pain was rated from 7 to 8 out of 10 with pins and needles. On exam the lumbar spine decreased range of motion, tenderness, spasms, positive trigger points, positive straight left raise, left ankle weakness and left lumbar radicular signs. On 5-22-2015 the provider noted the injured worker noted he continued to have pain relief from the epidural steroid injection. Evaluation of degree of pain relief from the prior epidural steroid injection 5-22-2015 and duration of relief was not included in the medical record. Prior treatment included lumbar epidural steroid injection 4-16-2015, Percocet, gabapentin and Tizanidine. The Utilization Review on 9-25-2015 determined non-certification for Lumbar epidural steroid injection under fluoroscopy L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection under fluoroscopy L4-L5: Upheld

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

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

Decision rationale: The current request is for lumbar epidural steroid injection under fluoroscopy L4-L5. Prior treatment included lumbar surgery, lumbar epidural steroid injection 04/16/15, physical therapy, and medications. The patient's work status was not addressed. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Per report 09/08/15, the patient presents with low back pain. The patient is described as "sharp, burning, electricity and pins and needles." Physical examination revealed decreased ROM in all planes, positive TTP, positive SLR, and "left lumbar radicular signs." The patient reported "relief from ESI." The treater states that the patient is a candidate for a repeat injection, and requested an epidural injection at level L4-5. The patient underwent a LESI at L4-5 on 04/16/15. Although subsequent reports indicate pain relief following the injection, there is no discussion of functional improvement, reduction of medication use or documentation of at least 50% pain relief. MTUS requires such documentation when repeat injections are considered. Given the lack of appropriate documentation, the request is not medically necessary.