

Case Number:	CM15-0209796		
Date Assigned:	10/28/2015	Date of Injury:	02/20/2013
Decision Date:	12/10/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/26/2015

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 62-year-old female sustained an industrial injury on 2-20-13. Documentation indicated that the injured worker was receiving treatment for lumbar radiculopathy, lumbago and status post cervical fusion. Previous treatment included cervical fusion, physical therapy, epidural steroid injections, home exercise and medications. In a PR-2 dated 9-22-15, the injured worker reported that her back had been bothering her more in the last couple of months. The injured worker stated that her back had given out three times within the last month. The injured worker also complained of lower extremity pain but denied numbness and tingling. Physical exam was remarkable for lumbar spine with "significant" tenderness to palpation at the lumbosacral junction and "decreased" range of motion and intact motor exam of the upper and lower extremities. The physician noted that the last time the injured worker had an epidural steroid injection was over a year ago with "very significant pain improvement for a prolonged time". The treatment plan included L4-5 translaminar epidural steroid injection. On 10-12-15, Utilization Review noncertified a request for outpatient L4-5 translaminar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient L4-5 translaminar epidural injection: 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: 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 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 is noted to have an a previous ESI about one year ago with 20% improvement that last for a "significant" time. There is no documentation of at least a 50% reduction in pain lasting for 6 to 8 weeks with the prior injection. The request for outpatient L4-5 translaminar epidural injection is determined to not be medically necessary.