

Case Number:	CM15-0021246		
Date Assigned:	02/10/2015	Date of Injury:	01/26/2010
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/03/2015

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, 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 42 year old male, who sustained an industrial injury on 1/26/2010. He reports a low back injury. Diagnoses include lumbar disc disease, lumbago, lumbar radiculopathy and low back pain. Treatments to date include epidural steroid injection, physical therapy and medication management. A progress note from the treating provider dated 12/10/2014 indicates the injured worker reported low back pain. On 1/12/2015, Utilization Review non-certified the request for lumbar 5-sacral1 epidural steroid injection with monitored anesthesia and epidurography, citing MTUS and ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 lumbar epidural steroid injection, monitored anesthesia care and epidurography:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for repeat Lumbar epidural steroid injection, 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. 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 is indication that previous lumbar epidural injections completed 2 years ago have provided enough pain relief and functional improvement which allowed patient to go back to work. That patient has lumbar MRI findings consistent with hnp at L5-S1 with facet arthropathy. The patient has exam finding of positive straight leg raise, positive loss of deep tendon reflexes at the knees, and positive diminished sensation along the left lower extremity. Lastly, there is documentation of lumbar radiculopathy on progress note from 11/25/2014. As such, the currently requested repeat Lumbar epidural steroid injection is medically necessary.