

Case Number:	CM15-0023668		
Date Assigned:	02/13/2015	Date of Injury:	03/06/2012
Decision Date:	04/06/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/09/2015

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, Arizona

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 injured worker is a 67-year-old male who reported an injury on 03/06/2012. The mechanism of injury was unspecified. His relevant diagnoses include lumbar radiculopathy, lumbago and lumbar disc displacement. Past treatments were noted to include medications, physical therapy, epidural steroid injection, work modifications and medications. On 11/25/2014, the injured worker complained of low back pain rated 6/10 to 7/10 that radiated more to the left side. Current medications were noted to provide less than 50% pain relief. He denied any new related symptoms. His relevant medications were noted to include Naprosyn 550 mg, tizanidine 6 mg, desonide cream 0.05% and tamsulosin hydrochloride 0.4 mg, omeprazole 20 mg, finasteride 5 mg, Singulair 10 mg and Ventolin inhaler. The treatment plan included a L5-S1 paracentral lumbar interlaminar epidural injection under fluoroscopy. A rationale was not provided. A Request for Authorization form was submitted on 12/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 Paracentral Lumbar Interlaminar Epidural Injection under Fluoroscopy:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for L5-S1 paracentral lumbar interlaminar epidural injection under fluoroscopy is not medically necessary. The California MTUS Guidelines criteria for repeat epidural steroid injections include documentation showing functional improvement, and at least 50% reduction in pain, and associated reduction in medication use, for at least 6-8 weeks. The injured worker was indicated to have had a previous epidural steroid injection. However, there was lack of documentation in regard to the date of the previous injection, along with documentation of functional improvement, at least 50% reduction in pain and reduction in medication use for at least 6 to 8 weeks. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.