

Case Number:	CM15-0027749		
Date Assigned:	02/20/2015	Date of Injury:	11/03/2011
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 male, who sustained an industrial injury on November 3, 2011. He has reported chronic low back pain with radiculopathy symptoms into the left leg. The diagnoses have included moderate central spinal canal stenosis at the lumbar 4-5 level with moderate bilateral foraminal stenosis and recurrent left lower back, hip and buttock pain. Treatment to date has included radiographic imaging, diagnostic studies, lumbar steroid injections, pain medications and conservative therapies. Currently, the IW complains of chronic low back pain with radiculopathy symptoms into the left leg. The injured worker reported an industrial injury in 2011, resulting in chronic low back pain with radiculopathy symptoms into the left leg. It was noted he felt up to 60% relief of the reported symptoms with steroid epidural injections. In March, 2014, he underwent a steroid epidural injection with noted benefit. On November 6, 2014, he reported the epidural injection was beginning to wear off. On January 2, 2015, another steroid injection was administered. On January 20, 2015, he reported a 60% pain relief with the last epidural steroid injection. Another injection was requested and pain medications for breakthrough pain were renewed. On January 30, 2015, Utilization Review non-certified a request for Lumbar epidural steroid injection under fluoroscopy #2, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 6, 2015, the injured worker submitted an application for IMR for review of requested Lumbar epidural steroid injection under fluoroscopy #2.

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 #2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Pain, low back section, Epidural steroid injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injections under fluoroscopy #2 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); in the therapeutic phase if the initial block/blocks are given and found to produce pain relief of at least 50 - 70% for at least 6 to 8 weeks, additional blocks may be indicated. Indications for repeat blocks include acute exacerbation of pain when new onset radicular symptoms, etc. See the guidelines for details. In this case, the injured worker's working diagnosis is spinal stenosis, lumbar. The injured worker received an epidural steroid injection on January 2, 2015. The treating physician requested a second epidural steroid injection on January 20, 2015 after noting 60% improvement. The guidelines indicate if the initial block produces pain relief of at least 50 - 70% for at least 6 to 8 weeks additional blocks may be indicated. The first epidural steroid injection was given 2.5 weeks prior to the request for the second ESI. Additionally, the specific lumbar levels to be injected were not documented in the medical record. Consequently, absent compelling clinical documentation according to the recommended guidelines of 50 to 70% for at least 6 to 8 weeks, a lumbar epidural steroid injection under fluoroscopy #2 is not necessary.