

Case Number:	CM15-0029529		
Date Assigned:	02/23/2015	Date of Injury:	03/24/2005
Decision Date:	04/06/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/18/2015

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 injured worker is a 53 year old male, who sustained an industrial injury on 03/24/2005. He has reported subsequent back, bilateral leg and shoulder pain and was diagnosed with discogenic syndrome of the lumbar spine and peripheral neuropathy of the right groin status post hernia repair. Treatment to date has included oral pain medication and lumbar epidural steroid injections. In a progress note dated 12/08/2014, the injured worker complained of continued back, bilateral leg, bilateral shoulder and right groin pain. Objective physical examination findings were notable for decreased range of motion of the lumbar spine with pain. A request for authorization of a repeat lumbar epidural steroid injection was made. On 02/13/2015, Utilization Review non-certified a request for lumbar epidural steroid injection with anesthesia and fluoroscopy, noting that documentation didn't show evidence of substantial efficacy with previous epidural injections and that no more than 2 epidural steroid injections are recommended. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection with Anesthesia and Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The 2/13/15 Utilization Review letter states the Lumbar epidural steroid injection with anesthesia and fluoroscopy requested on the 1/21/15 report was denied because it was the request for the 4th injection and MTUS guidelines recommend no more than 2 epidural injections. The 1/21/15 anesthesiology report states the patient presents with backache, bilateral leg pain, bilateral shoulder pain, right groin pain and legs are getting weaker. The report states the patient "got a lot of improvement (90%) with the first two epidural cortisone blocks" but the relief faded. "The block he got on October 29, 2014 also helped a lot." Medications include Vicodin 5mg qid; and Flexeril 10mg, tid. There is no change in medications or pain levels since 10/13/14. It appears that after the epidural on 10/29/14, the next medical report is dated 11/10/14 and states the injection helped a lot, but he needs another, and current complaints are 10/10 pain. 2-weeks after the 10/29/14 epidural injection, the patient continues with the same 10/10 pain levels; no reduction in medications; no reduction in symptoms nor improvement in function. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46, Criteria for the use of Epidural steroid injections states: 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) The reporting does not meet the MTUS criteria for repeat epidural steroid injections. There has not been 50% pain relief for 6-8 weeks, and no apparent reduction in medication use for this timeframe. The request for another Lumbar epidural steroid injection with anesthesia and fluoroscopy IS NOT medically necessary.