

Case Number:	CM15-0029767		
Date Assigned:	02/23/2015	Date of Injury:	09/13/2013
Decision Date:	04/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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:

This 36 year old male sustained a work related injury on 09/13/2013. According to a progress report dated 12/09/2014, the injured worker had an epidural steroid injection two months prior that provided over 60-70 percent improvement with pain and he was able to function better for two months. According to a progress report dated 01/14/2015, the injured worker complained of loss of sleep due to ongoing pain. The back pain would wake him up. He also complained of sadness and depression because he felt really good after the epidural steroid injection but the pain had returned; he was hoping for a good response for a longer period of time. Diagnoses included lumbar degenerative disc disease, lumbar disc displacement, lumbar facet syndrome, lumbar myofasciitis, lumbar radiculitis, fatigue, loss of sleep and psych diagnoses. According to a progress noted dated 02/11/2015, the provider noted that a prior epidural steroid injection helped diminish pain to 3 on a scale of 1-10. The benefits of the injection had worn off but the effect was noted to have lasted for several weeks. Currently the pain varied between a 6 to 8, and he was unable to do basic activities like getting up from a chair without severe pain. On 02/03/2015, Utilization Review non-certified second Lumbar Interlaminar Epidural Steroid Injection at L5-S1 under fluoroscopic guidance. According to the Utilization Review physician, the documentation provided did not indicate 50 percent pain relief, functional improvement and the duration of improvement following a prior injection. CA MTUS Chronic Pain Medical Treatment Guidelines, page 46 was referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Lumbar Interlaminar Steroid Injection at L5-S1, under Fluoroscopic Guidance:
Overturned

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

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

Decision rationale: This patient presents with back pain. The treater has asked for SECOND LUMBAR INTERLAMINAR STEROID INJECTION AT L5-S1 WITH FLUOROSCOPIC GUIDANCE on 1/4/15. The patient had an epidural steroid injection 2 months ago that provided "over 60% improvement of the pain for several weeks and had improved function" per 1/4/15 report. The patient was able to use less oral medication for "several weeks" after the epidural steroid injection per 1/4/15 report. An MRI of the lumbar, no date shown in report, showed a "L5-S1 annular tear, and foraminal stenosis bilateral at L4-5 and L5-S1. There is mild left lateral recess stenosis near the left L4 nerve root. Foraminal stenosis is mild on the left" per 1/4/15 report. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to 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. In this case the patient has had a prior epidural steroid injection with 60% improvement in pain and function that lasted for 8 weeks, along with associated medication reduction. The treater has requested a repeat epidural steroid injection at L5-S1 which is indicated per MTUS guidelines. The request IS medically necessary.