

Case Number:	CM15-0223283		
Date Assigned:	11/19/2015	Date of Injury:	12/07/2011
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/13/2015

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: Massachusetts

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:

This 65 year old man sustained an industrial injury on 12-7-2011. Diagnoses include status post lumbar spine fusion, lumbar radiculitis, and voiding dysfunction. Treatment has included oral medications and sacroiliac joint blocks with a 70% reduction in pain rating and a subsequent decrease in pain medications. Physician notes dated 9-3-2015 show complaints of low back pain. The physical examination shows "restrictions" to lumbar subluxations with pain and tenderness to the mid and lower thoracic and thoracolumbar spine regions with a lumbar curve to the right side. Lumbar spine range of motion is decreased. Recommendations include epidural steroid injections and follow up in one month. Utilization Review denied a request for epidural injections on 11-2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in December 2011. His injury occurred when, while working as a dentist for the [REDACTED], he developed low back pain with shooting sensations into the right leg. He underwent a lumbar fusion in October 2012. A CT scan of the lumbar spine in December 2014 included findings of a posterior L4/5 fusion and moderate to severe canal stenosis and foraminal stenosis. An MRI of the lumbar spine in May 2015 showed multilevel degenerative changes with moderate multilevel canal stenosis and foraminal narrowing. On 07/17/15, he underwent an L3/4 interlaminar epidural injection. When seen by the requesting provider he was much better after receiving sacroiliac joint blocks that had been done by another pain management provider less than one week before. He had symptoms rated at 3/10. He had been able to decrease his use of medications. Physical examination findings included a body mass index of 35.5. He had decreased lumbar spine range of motion with a postural curve to the right. There were multilevel spinal restrictions / subluxations. Authorization was requested for a follow-up for epidural injections. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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. In this case, the degree and duration of any pain relief following the previous injection is not documented. There are no reported radicular pain symptoms and there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. The request is specifically for providing epidural steroid injections, which are not medically necessary.