

Case Number:	CM15-0030987		
Date Assigned:	02/24/2015	Date of Injury:	06/15/2012
Decision Date:	04/03/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/19/2015

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, 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:

The injured worker was a 66 year old male, who sustained an industrial injury, June 15, 2012. The injured worker was injured after lift a heavy piece of equipment. The injured worker felt a sharp stabbing pain in the lower back. According to progress note of February 12, 2015, the injured workers chief complaint was lower back pain that radiated down the right leg into the foot. The injured worker rated the pain at 9 out of 10; 0 being no pain and 10 being the worse pain and feels like it has fallen asleep. The pain was aggravated with prolonged walking, standing, sitting, bending and other activities. The injured worker rated the pain as 4-5 out of 10; 0 being no pain and 10 being the worse pain. The injured worker had a transforaminal epidural steroid and reported a 50% improvement in the pain to the lower back. The physical exam noted restricted range of motion with flexion of 45 degrees, and extension of 50 degrees. There was noted tenderness of the paravertebral muscles, spasms and tenderness noted on both sides. The injured worker was diagnosed with lumbosacral neuritis/radiculitis, disc herniation of the lumbar/lumbosacral, degenerative facet arthropathy at multiple levels and degenerative disc disease. The injured worker previously received the following treatments physical therapy, lumbar brace, transforaminal epidural steroid injection, MRI of the lumbar spine, heating pad, Ibuprofen, Norco, Neurontin and Zanaflex. On January 19, 2015, the primary treating physician requested authorization for transforaminal epidural steroid injection to right L4-L5 and transforaminal epidural injection to the left L5-S1. On February 5, 2015, the Utilization Review denied authorization for transforaminal epidural steroid injection to right L4-L5 and

transforaminal epidural injection to the left L5-S1. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection to Right L4-L5: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, the provider reported 50% pain relief, but there was no documentation of functional improvement and decreased medication use for at least 6 weeks after the prior ESI. As such, the currently requested epidural steroid injection is not medically necessary.

Transforaminal Epidural Steroid Injection to Left L5-S1: 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 Epidural Steroid Injection Page(s): 46.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, the provider reported 50% pain relief, but there was no documentation of functional improvement and decreased medication use for at least 6 weeks after the prior ESI. As such, the currently requested epidural steroid injection is not medically necessary.