

Case Number:	CM15-0031026		
Date Assigned:	02/24/2015	Date of Injury:	05/29/2001
Decision Date:	04/06/2015	UR Denial Date:	02/06/2015
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 is a 59 year old male with an industrial injury dated May 29, 2001. The injured worker diagnoses include post laminectomy syndrome lumbar, lumbosacral neuritis, peripheral neuropathy, other chronic postoperative pain and insomnia. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/28/2015, the injured worker reported pain and stiffness in his lower back, left greater than right. He reported radiation of pain into the bilateral legs, right greater than left, mostly in the S1 distribution. He also reports right leg weakness with a few incidents of falls. Lumbar exam revealed increased kyphosis, tenderness to palpitation over the right lumbar facets, left lumbar facets, right thoracolumbar spasm, right sacroiliac joint, and left sacroiliac joint. Straight leg test was positive on the right. The treating physician noted a history of prior ESI and prescribed services for one lumbar epidural steroid injection (cath directed) multi level. Utilization Review determination on February 6, 2015 denied the request for one lumbar epidural steroid injection (cath directed) multi level, citing MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (cath directed) multi level: Upheld

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

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, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.