

Case Number:	CM15-0031730		
Date Assigned:	02/25/2015	Date of Injury:	02/11/2014
Decision Date:	04/07/2015	UR Denial Date:	01/28/2015
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 51 year old male, who sustained an industrial injury on February 11, 2014. He has reported injuring his back while pulling on a jammed door of the delivery vehicle. The diagnoses have included lumbar strain, lumbosacral spondylosis, left SI syndrome, and sciatica. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of back pain. The Treating Physician's report dated January 13, 2015, noted the injured worker with no change in the back pain, with neurological review noting sensory intact and deep tendon reflexes symmetric. On January 28, 2015, Utilization Review non-certified a lumbar epidural steroid injection at unknown level, noting the there was no indication that he had failed reasonable conservative care , there was no clear objective evidence of radiculopathy at any level on physical examination, and no electromyography (EMG) was submitted. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 19, 2015, the injured worker submitted an application for IMR for review of a lumbar epidural steroid injection at unknown level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at unknown level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for Lumbar 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. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. 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 are no definitive objective examination findings or definitive imaging findings supporting a diagnosis of radiculopathy. Guidelines recommend electrodiagnostic studies when there is a lack of clarity about neurologic findings. Additionally, the injection level has not been stated, and there is no provision to modify the request to a specific level of injection. As such, the currently requested Lumbar epidural steroid injection is not medically necessary.