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| Case Number: | CM15-0034189 | | |
| Date Assigned: | 02/27/2015 | Date of Injury: | 01/29/2004 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 01/29/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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 70 year old male with an industrial injury dated January 29, 2004. The injured worker diagnoses include lumbar degenerative disc disease with spondylolisthesis at L4-5, spinal stenosis, lumbar radiculopathy and chronic lumbar sprain and strain. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/9/2015, the injured worker reported low back pain and bilateral leg pain. Physical exam revealed tenderness and tightness across the lumbosacral area, decrease d lumbar extension, positive straight leg rises on the right and tender mid thoracic. The treating physician prescribed services for one prescription L4-5 lumbar epidural steroid injection between 1/9/15 and 3/27/15. A progress report dated February 20, 2015 identifies objective physical examination findings of hypoesthesia and dysesthesia in the posterior lateral aspect of the legs. The note indicates that a previous lumbar epidural steroid injection was "greatly beneficial." An MRI dated April 26, 2013 shows severe narrowing of the lumbar canal at L4-L5. Utilization Review determination on January 29, 2015 denied the request for one prescription L4-5 lumbar epidural steroid injection between 1/9/15 and 3/27/15, citing MTUS Guidelines. Utilization review denied the request for a repeat lumbar epidural steroid injection due to a contradiction in the progress reports dated July 28, 2014 and October 3, 2014 regarding relief from the most recent epidural on August 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for L4-5 lumbar epidural steroid injection between 1/9/15 and 3/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for the use of Epidural steroid injections.

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 repeat 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 conflicting reports of improvement following the previous epidural steroid injection. Notes indicate that there was 70% relief, but the progress reports directly following the epidural do not reflect a reduction in pain scores, improved function, or reduction in medication use. In the absence of clarity regarding those issues, the currently requested repeat lumbar epidural steroid injection is not medically necessary.