

Case Number:	CM15-0036100		
Date Assigned:	03/04/2015	Date of Injury:	10/29/2004
Decision Date:	04/14/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/26/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 43 year old male who sustained a work related injury on October 29, 2004, after falling approximately five feet, injuring his back and legs. He was diagnosed with lumbar facet disease and radiculopathy. Treatment included physical therapy, epidural steroid injections, surgery, Transcutaneous Electrical Nerve Stimulation (TENS), back brace support, and pain medications. He underwent an artificial lumbar disc replacement at L4-5 and L5-7. Currently, in January, 2015, the injured worker complained of numbness in the buttock, lumbar spine pain and leg tingling with left sided knee pain. On February 6, 2015, a request for a service of an epidural injection was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46.

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, the request is for an epidural steroid injection without specific reference to the level of planned injection. Without this, there is no way to correlate physical examination findings and imaging. There is reference to a previous "injection" having helped but no documentation of what level or of 50% or greater reduction in pain after the prior injections. Based on the submitted documentation, epidural steroid injection is not medically indicated.