

Case Number:	CM15-0036414		
Date Assigned:	03/04/2015	Date of Injury:	03/30/2005
Decision Date:	05/01/2015	UR Denial Date:	02/02/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 61 year old male, who sustained an industrial injury on 3/30/05. The initial complaints were not included in the submitted documentation. The injured worker was diagnosed as having cervical and lumbar radiculopathy; depressive disorder; myalgia and myositis. Treatment to date has included transforaminal epidural steroid injections for lumbar and cervical spine; medications. Currently, the PR-2 notes dated 1/15/15, the injured worker presented for a follow-up and regular medication management. The provider documents the radicular pain the injured worker experienced went away for about six months after having an epidural steroid injection at L4-5 spinal level and has returned. The provider documents that cervical epidural steroid injections were done in 2/2014; there was reported 80% pain relief of the left upper extremity pain. With this in mind, the provider is requesting repeat of the transforaminal Epidural Steroid Injection L5-S1 and Right S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection L5-S1 and Right S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Epidural Steroid Injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, transforaminal epidural steroid injections at L5- S1 and right S1 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); in the therapeutic phase, 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 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are cervical radiculopathy; depressive disorder; myalgia and myositis; and lumbar radiculopathy. The documentation indicates the injured worker underwent several epidural steroid injections dating back to December 2009; July 2013; July 2012; and June 2012. Documentation indicates the injured worker received six months of pain relief with a prior lumbar L4 - L5 epidural steroid injection. There is no percentage decrease in the pain nor is there clinical documentation of a medication reduction. Additionally, the injured worker had epidural steroid injections performed December 2009, June 2012, July 2012 and July 2013. There was no objective data in the medical record regarding the percentage in pain relief, duration and documentation of medication reduction. Consequently, absent clinical documentation with a percentage pain decrease and an associated reduction in medication use for 6 to 8 weeks with an increase functional response, (repeat) transforaminal epidural steroid injection at L5 - S1 and S1 are not medically necessary.