

Case Number:	CM15-0037328		
Date Assigned:	03/05/2015	Date of Injury:	06/11/2003
Decision Date:	04/21/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 58-year-old male, who sustained an industrial injury on 6/11/03. On 2/27/15, the injured worker submitted an application for IMR for review. The treating provider has reported the injured worker complained of low back pain status post lumbar epidural steroid injection 1/12/15. Pain has submitted from constant sharp, stabbing pain to a rare poking sensation with bilateral lower extremities with mild weakness, heaviness, spasm, bilateral knees with mild edema, left foot drop, prolonged unstable gait and must use an assisted device. The diagnoses have included lumbar spine derangement with radiculopathy; lumbar radiculopathy; lumbar disc disease. Treatment to date has included status post L4-L5 to L5-S1 fusion with instrumentation (no date); status post removal of hardware (2005); status post spinal cord stimulator trial (2009); lumbar epidural steroid injections (3/17/2014 and 1/12/15). A Utilization Review was completed on 2/3/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 lumbar steroid injection with anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs, among other symptoms. These records reported the worker had improved symptoms when medication was injected near the spinal nerves on 01/12/2015, but there was no indication of how long the benefit lasted. There were documented examination findings clearly demonstrating the L5 spinal nerve was causing significant symptoms. There also was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for epidural steroid injections at the unspecified side of the L5 level with anesthesia is not medically necessary.