

Case Number:	CM15-0040548		
Date Assigned:	03/10/2015	Date of Injury:	11/21/2012
Decision Date:	05/08/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/03/2015

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, Washington

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 54-year-old male who reported an injury on 11/21/2012. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with lumbar herniated nucleus pulposus. On 02/18/2015, the injured worker presented for a follow up evaluation. It was noted that the injured worker was status post right total knee arthroplasty. The injured worker had returned to work where he was performing an increased amount of sitting and standing, causing an increase in neck and low back pain. It was also noted that the injured worker had responded to a previous lumbar epidural steroid injection. Upon examination of the lumbar spine, there was tenderness to palpation, 45 degree flexion, 10 degree extension, 15 degree lateral bending, and positive straight leg raise on the left. Sensation was normal and intact to light touch. Quadriceps reflexes were 1 to 2+ and symmetrical. Achilles reflexes were 0 to 1+ and symmetrical. Recommendations included a repeat epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for epidural steroid injection.

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, it was noted that the injured worker was previously treated with a lumbar epidural injection. Although the injured worker reported an improvement in symptoms, there was no evidence of objective functional improvement. The California MTUS Guidelines recommend repeat blocks based on objective documented pain and functional improvement, including 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. The request as submitted also failed to indicate a specific level at which the epidural injection will be administered. Given the above, the request is not medically appropriate.