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| Case Number: | CM15-0043022 | | |
| Date Assigned: | 03/13/2015 | Date of Injury: | 12/01/1998 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 02/03/2015 |
| Priority: | Standard | Application Received: | 03/06/2015 |

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: Massachusetts

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 65-year-old female, who sustained an industrial injury on 12/1/1998. The details regarding the initial injury were not submitted with this review. The diagnoses have included chronic low back pain, disc collapse L4-5 and L5-S1. Treatment to date has included medication therapy, physical therapy/chiropractic care, and home exercise. There was documented rhizotomy with 50% relief and transforaminal epidural steroid injection 7/22/14 with 50% relief over six months. Currently, the IW complains of increased back and left leg pain associated with burning and tingling. The physical examination from 1/23/15 documented L3-5 muscle spasms, tenderness, and decreased sensation. Left leg was positive for straight leg test. The plan of care included continuation with home exercise program, change in medication from Norco to Percocet and left lumbar epidural steroid injection at L3-4, L4-5 and L5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar epidural steroid injection at L3-4 and L4-L6 under fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in December 1998 and continues to be treated for chronic back and leg pain. The requesting provider documents a previous epidural injection in July 2014 as providing greater than 50% pain relief lasting for six months. When seen, complaints included radiating back and left leg pain with physical examination findings of decreased left lower extremity sensation and reflexes and a positive straight leg raise. Authorization for a two level left-sided transforaminal epidural steroid injection was requested. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injections are within applicable guidelines and therefore were medically necessary.