

Case Number:	CM15-0044338		
Date Assigned:	03/16/2015	Date of Injury:	01/05/2010
Decision Date:	04/16/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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 64 year old male patient, who sustained an industrial injury on 01/05/2010. A follow up office visit dated 01/23/2015, reported the patient present to discuss surgical intervention options. Back in November 2014 a request for a spinal cord stimulator was denied; patient is looking for pain intervention in the meantime. Subjective complaints of constant pain, with intermittent worsening and now with increased left leg sciatica symptom. The pain is described as stabbing, shooting, aching, burning and deep. The pain is located in the lower back and radiates down bilateral lower extremities and is accompanied with numbness in the toes of left foot. The symptoms are aggravated by walking, standing and relieved with sitting, lying down, injections and stretching. He has had prior magnetic resonance imaging, chiropractic treatment, physical therapy, injections and oral medications. Prior pain medications are to include; Ultram, Neurontin, Ibuprofen. His surgical history includes 2011 lumbar laminectomy, 2012 re-peat laminectomy with removal of cyst. Current medications consist of Motrin, Gabapentin, Tramadol 50mg and Flexiril. The patient is allergic to Acetaminophen and Hydrocodone. Physical examination found the lumbar spine with tenderness to palpation of the paraspinal muscles and decreased sensation L3 right, L4 and L5 left. The following diagnoses are applied; sciatica secondary to displacement of lumbar spine, post-laminectomy syndrome, lumbar, lumbago and thoracic/lumbar radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar epidural steroid injection L3-4, L4-5: 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 Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic radiating back pain with a diagnosis of failed back surgery syndrome. When seen by the requesting provider, a series of epidural injection in June 2014 had produced benefit without description of amount or duration of pain relief. A series of injections with referral to pain management for the procedures was requested. Guidelines recommend that, in the therapeutic phase, repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, when seen by the requesting provider the degree and amount of pain relief from injections done in June 2014 was not documented. Additionally, a series of injections in either the diagnostic or the therapeutic phase is not recommended. Therefore, the requested repeat lumbar epidural steroid injections were not medically necessary.

Pain management eval and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 is more than 5 years status post work-related injury and continues to be treated for chronic radiating back pain with a diagnosis of failed back surgery syndrome. When seen by the requesting provider, a series of epidural injection in June 2014 had produced benefit without description of amount or duration of pain relief. A series of injections with referral to pain management for the procedures was requested. Guidelines recommend that, in the therapeutic phase, repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, when seen by the requesting provider the degree and amount of pain relief from injections done in June 2014 was not documented. Additionally, a series of injections in either the diagnostic or the therapeutic phase is not recommended. Therefore, the referral to pain management for the performance of the requested repeat lumbar epidural steroid injections was not medically necessary.

