

Case Number:	CM15-0045973		
Date Assigned:	03/18/2015	Date of Injury:	09/10/2001
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/11/2015

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 77 year old female who sustained an industrial injury on 09/10/01. Initial complaints and diagnoses are not available. Treatments to date include medications and a bilateral lumbar Epidural Steroid Injection (ESI) in 09/14, which provided 80% improvement in symptoms for 4 months. Diagnostic studies are not discussed. Current complaints include bilateral lower back pain radiating to the bilateral buttocks, lateral calves, and bottom of the right foot. In a progress note dated 01/12/15 the treating provider recommends a second bilateral lumbar ESI, as well as continued medications including Soma, Norco, gabapentin, ibuprofen, omeprazole, and a urine drug screen. The requested treatment is a bilateral lumbar ESI at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second bilateral L5-S1 Transforaminal Epidural Steroid Injection for the lumbar spine:

Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections 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 has a remote history of a work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included a lumbar epidural steroid injection with reported 80% improvement lasting for 4 months. 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.