

Case Number:	CM15-0046978		
Date Assigned:	03/19/2015	Date of Injury:	12/27/2013
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/12/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 44 year old female, who sustained an industrial injury on 12/27/2013. On provider visit dated 01/20/2015 the injured worker has reported lumbar radicular pain. The diagnoses have included lumbar radiculopathy and lumbar radicular pain. On examination, she was noted to have a decreased range of motion of lumbar and tenderness to palpation at L4-L5 spinous process with radiation down left leg. Treatment to date has included medication, MRI of lumbar spine and intralaminar epidural steroid injections. The provider requested for pain intervention lumbar intralaminar epidural steroid injection L4-L5 due to having 80% relief for two months in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar intralaminar epidural steroid injection L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injections Page(s): 46.

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

Decision rationale: Guidelines recommend epidural steroid injections for treatment of radiculopathy documented by physical examination and corroborated by imaging studies, and documentation of failure of initial conservative treatments. Repeated blocks may be appropriate if prior blocks resulted in pain and functional improvement of at least 50% and reduction of medication use for 6-8 weeks. In this case, there is no documentation of reduction in pain medication use for 6-8 weeks nor evidence of functional improvement with prior injections. The request for lumbar intralaminar epidural steroid injection at the levels of L4-5 is not medically necessary and appropriate.