

Case Number:	CM15-0048344		
Date Assigned:	03/20/2015	Date of Injury:	08/16/2006
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/13/2015

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 year old male, who sustained an industrial injury on August 16, 2006. He reported injury of the neck and low back. The injured worker was diagnosed as having cervical disc displacement, chronic pain, cervicalgia, and postlaminectomy syndrome. Treatment to date has included medications, L5-S1 epidural steroid injection. On March 10, 2015, he continues with low back pain, left upper extremity pain, and left lower extremity pain. The records indicate there was greater than 50% pain reduction for several months with a previous epidural. His pain is rated 5/10 on a pain scale, with the use of the current medication regimen. The treatment plan is to refill: Duragesic 25mcg patches, Norco 10/325mg, Neurontin 800mg, and Zanaflex 4mg, and to follow-up in one month. The request is for outpatient repeat left L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Left L5-S1 Transforaminal Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

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 nearly 9 years status post work-related injury and continues to be treated for chronic back and left lower extremity pain. Diagnoses include post-laminectomy syndrome. A previous lumbar epidural steroid injection is referenced as providing more than 50% pain relief lasting for several months. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with 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 injection is within applicable guidelines and therefore medically necessary.