

Case Number:	CM15-0050969		
Date Assigned:	03/24/2015	Date of Injury:	07/17/2013
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/17/2015

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: California
Certification(s)/Specialty: Family Practice

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 61 year old male who sustained an industrial injury on 7/17/2013. Magnetic resonance imaging on 9/14/13 revealed moderate to large herniated nucleus pulposus at the L4-5 level. Electrodiagnostic studies on 5/23/14 revealed mild acute L5 radiculopathy. Diagnoses include lumbar spinal stenosis and lumbar disc herniation with lumbar radiculopathy. Treatment has included oral medications and epidural injections. Epidural steroid injection was performed on 9/22/14 at the left L4-5 level. The medical records indicate that the injured worker achieved 60% relief for seven weeks. Physician notes dated 2/9/2015 note that the injured worker is now having to use Oxycodone. The medical records note that after the previous lumbar epidural steroid injection, the injured worker was able to decrease his opioid use to Hydrocodone in place of Oxycodone. The medical records also provide an agreed medical evaluator's report at which time examination revealed decreased strength of the left hamstring and decreased sensation left lateral leg, dorsum and left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat L4-5 Lumbar Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS guidelines also state that in the therapeutic phase, repeat blocks 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, the injured worker has evidence of radiculopathy on electrodiagnostic studies corroborated by physical examination findings. The last epidural steroid injection was performed on 9/22/14 which resulted in 60% relief for 7 weeks associated with decrease in medication use. The request for Repeat L4-5 Lumbar Epidural Steroid Injection is medically necessary.