

Case Number:	CM15-0058124		
Date Assigned:	04/02/2015	Date of Injury:	10/28/2008
Decision Date:	05/08/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/26/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 53-year-old male, who sustained an industrial injury on 10/28/2008. He reported injuries to bilateral shoulders, bilateral knees, elbow, and right ankle. The injured worker is currently diagnosed as having chronic pain, chronic migraine, and lumbar intervertebral disc degeneration. Treatment to date has included bilateral knee surgeries, right shoulder surgery, physical therapy, home exercise program, injections and medications. The 2011 MRI of the lumbar spine showed multilevel disc bulge, facet arthropathy and left L5-S1 neural foramina stenosis. The 2014 lumbar epidural steroid injection was noted to result in 50-60% reduction in pain. There was functional restoration and reduction in medication utilization. In a progress note dated 12/22/2014, the injured worker presented with complaints of low back pain associated with numbness and tingling sensation. There were objective findings of positive straight leg raising test, decreased pain sensation and weakness of the lower extremities. The treating physician reported requesting authorization for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Lumbar Steroid Injection with Epidurography and Monitored Anesthesia Care:
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 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injection can be utilized for the treatment of lumbar radiculopathy when conservative treatment with medications and PT have failed. The guidelines noted that the epidural injections could be repeated if there was documentation of significant pain relief following a prior epidural steroid injection. The records indicate that the patient reported significant pain relief with reduction of medication utilization and functional improvement following a prior lumbar epidural steroid injection. There was documentation of subjective, objective and radiological findings consistent with the diagnosis of lumbar radiculopathy. The criteria for L5-S1 fluoroscopic guided epidural injection with epidurography under monitored anesthesia care (MAC) were met. Therefore, the request is medically necessary.