

Case Number:	CM15-0058699		
Date Assigned:	04/03/2015	Date of Injury:	08/31/2007
Decision Date:	05/04/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/27/2015

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: Physical Medicine & Rehabilitation

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 was a 58 year old male, who sustained an industrial injury, August 31, 2007. The injured worker previously received the following treatments lumbar spine MRI, first lumbar epidural injection of L4-L5, physical therapy, Flexeril, pain management consultation and Celebrex. The injured worker was diagnosed with lumbar spondylosis, lumbar radiculopathy, status post right total knee arthroplasty and generative disc disease of L4-L5, as shown on the MRI of June 7, 2013. According to progress note of February 3, 2015, the injured workers chief complaint was persistent lower back pain radiating down the left lower extremity. The injured worker had an epidural injection approximately two week prior to the visit and received 50% improvement after the first injection. The pain however, was persistent and severe at times. The physical exam noted the injured worker walked with a normal gait. There was slight tenderness in the lumbar paravertebral muscles. There were no spasms of the lumbar paravertebral muscles. With direct palpation, there was no generalized tenderness in the lumbar spine. There also was no tenderness of the right or left sacroiliac joints or notches. The straight leg raises were negative bilaterally. The treatment plan included second lumbar epidural injection of L4-L5 with intravenous sedation and fluoroscopy guidance, on February 20, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second lumbar epidural injection under IV sedation/monitored anesthesia care and fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the repeat epidural injection with only 2 weeks' relief. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without specific decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic injury. Criteria for repeating the epidurals have not been met or established. The Second lumbar epidural injection under IV sedation/monitored anesthesia care and fluoroscopic guidance is not medically necessary and appropriate.