

Case Number:	CM15-0059790		
Date Assigned:	04/06/2015	Date of Injury:	07/31/2002
Decision Date:	05/05/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/30/2015

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 73 year old female, who sustained an industrial injury on 7/31/2002. The current diagnoses are acquired spondylolisthesis, unspecified backache, opioid-type dependence, degeneration intervertebral disc (unspecified), displacement lumbar intervertebral disc without myelopathy, and spinal stenosis in the lumbar region without neurogenic claudication. According to the progress report dated 3/12/2015, the injured worker complains of pain in the low back with radiation to the bilateral lower extremities. The pain is described as constant, deep, aching, throbbing, and numbing. The pain is rated 5/10 on a subjective pain scale. She has been experiencing this pain for more than 10 years. The current medications are Roxicodone, Neurontin, Ativan, Premarin, Avapro, Duexis, Ambien, Amitriptyline, Lidoderm patch, Prilosec, and Zantac. Treatment to date has included medication management, MRI, and epidural steroid injection (7/2014). No documentation of relief. The plan of care includes lumbar epidural steroid injection at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5: Upheld

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

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 has a remote history of a work injury occurring in July 2002 and continues to be treated for back pain with bilateral lower extremity radiating symptoms. Treatments had included a lumbar epidural injection in July 2014 with no documentation of either agree or duration of pain relief. There is correspondence referencing a series of three injections having been performed. Guidelines recommend that, in the therapeutic phase, repeat injections 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, there is no documentation of the claimant's response to the previous epidural injection done in July 2014. Therefore, the requested repeat lumbar epidural steroid injections was not medically necessary.