

Case Number:	CM15-0080342		
Date Assigned:	05/01/2015	Date of Injury:	06/09/2006
Decision Date:	06/09/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/27/2015

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: Preventive Medicine, Occupational Medicine

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 65-year-old female, with a reported date of injury of 06/09/2006. The diagnoses include lumbar degenerative disc disease and lumbar postlaminectomy syndrome. Treatments to date have included a lumbar epidural steroid injection on 10/22/2014, Stim trial, and a cane. The progress report dated 09/26/2014 indicates that the injured worker had persistent low back pain. The objective findings include decreased lumbar spine range of motion, and straight leg raise test at 90 degrees. No other objective findings were indicated. The treating physician requested a lumbar epidural steroid injection at L5-S1. The medical report from which the request originates was not included in the medical records provided for review. On 04/06/2015, Utilization Review (UR) denied the request and noted that there was no documentation of the amount of pain relief received from the prior injection. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Lumbar Epidural Steroid Injection (Lesi) Times One (1) At L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. The injured worker has received a caudal ESI in the past that provided relief for 4-5 months. Even though some relief was provided it was not quantified in available records. The request for outpatient lumbar epidural steroid Injection (Lesi) Times One (1) At L5-S1 is determined to not be medically necessary.