

Case Number:	CM15-0080814		
Date Assigned:	05/01/2015	Date of Injury:	08/24/1998
Decision Date:	06/01/2015	UR Denial Date:	04/02/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 47-year-old male sustained an industrial injury to the low back on 8/24/98. Previous treatment included magnetic resonance imaging, physical therapy, aqua therapy, epidural steroid injections and medications. In a progress note dated 3/20/15, the physician noted that in the past, the injured worker would get three epidural steroid injections about a week apart at 3 levels. The injured worker usually got a little tight after the first one and then received good pain relief after the third one that would last for 7-8 months. The physician stated that this time, the injured worker was only given approval for one epidural steroid injection that he received on 12/2/14. The injured worker felt the typical tightness after the injection that eventually relaxed but there was no improvement in the injured worker's pain. Current diagnoses included lumbar spine degenerative disc disease and lumbar spine herniated nucleus pulposus. The treatment plan included epidural steroid injection L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection L4-5 qty: 3: Upheld

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 Page(s): 46.

Decision rationale: Epidural steroid injection L4-5 qty: 3 is not medically necessary per the MTUS Guidelines. The MTUS states 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, with a general recommendation of no more than 4 blocks per region per year. The current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. The MTUS recommends no more than 2 ESI injections. The request is not medically necessary as the MTUS does not support a series of three injections. Furthermore, there needs to be evidence pain relief and functional improvement as per the MTUS after each single injection before certifying additional injections. The request for the epidural injection is not medically necessary.

Fluoroscopy guidance: Upheld

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 Page(s): 46.

Decision rationale: Fluoroscopy guidance is not medically necessary per the MTUS Guidelines as the request for epidural steroid injection L4-5 qty: 3 is not medically necessary.