

Case Number:	CM15-0081288		
Date Assigned:	05/04/2015	Date of Injury:	08/12/2008
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/28/2015

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:

The injured worker is a 73 year old male, who sustained an industrial injury on 8/12/2008. He reported being involved in a truck accident. Diagnoses have included left disc herniation, lumbar radiculopathy, cervical disc herniation and cervical radiculopathy. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, magnetic resonance imaging (MRI) and medication. Per documentation a 1/15/15 lumbar MRI revealed severe left foraminal stenosis at L4-5 and L5-S1. According to the progress report dated 3/13/2015, the injured worker was seen for follow-up for his cervical and lumbar radiculopathies. He complained of quite a bit of pain radiating down the right leg. His neck pain radiated into both shoulders, left greater than right. Exam of the cervical spine revealed tenderness and spasm. Exam of the lumbar spine revealed tenderness and spasm over the paraspinal musculature. Lower extremity strength and reflexes are intact. There is decreased sensation in the L5, S1 dermatomes in the left lower extremity. Current medications included Celebrex and Tramadol. Authorization was requested for a lumbar epidural injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: Lumbar epidural injection at L4-5 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 documentation indicates that the patient has had a prior L4-5 injection, however it is not clear that the patient had continued objective documented pain and functional improvement post injection, including at least 50% pain relief with associated reduction of medication use for six to eight weeks therefore this request is not medically necessary.