

Case Number:	CM15-0085660		
Date Assigned:	05/07/2015	Date of Injury:	03/11/2008
Decision Date:	06/09/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/04/2015

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 48-year-old female, who sustained an industrial injury on 3/11/08. She reported low back pain and right leg pain. The injured worker was diagnosed as having lumbosacral neuritis. Treatment to date has included chiropractic treatments, 3 epidural injections, oral medications including Soma and Ibuprofen and intramuscular injections. (MRI) magnetic resonance imaging of lumbar spine performed on 4/10/13 revealed L4-5 right disc bulging and was improved from previous (MRI) magnetic resonance imaging. Currently, the injured worker complains of continued back pain. It is noted previous lumbar epidural steroid injection provided partial relief. Physical exam noted minimal lordosis, diffuse tenderness over facet joints and restricted range of motion, it is also noted she has weakness of right toe extension and weight bearing. The treatment plan included Epidural Steroid injection, Toradol intramuscular and oral medication including Soma and Etodolac.

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 Right L4-L-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in March 2008 and continues to be treated for chronic radiating low back pain. Prior epidural steroid injections in 2008 are referenced as helping partially. Surgery had been recommended and decline. When seen, she was having radiating right lower extremity pain. Physical examination findings included right lower extremity weakness and an absent right ankle reflex. An MRI had shown improvement, but with ongoing right lateralized disc bulging at L4/5. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the claimant underwent three epidural steroid injections in 2008. Her response to these is not adequately documented in terms of being able to address the applicable criteria. Therefore the requested cannot be considered medically necessary.