

Case Number:	CM15-0086441		
Date Assigned:	05/12/2015	Date of Injury:	06/01/1987
Decision Date:	06/09/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/05/2015

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 60 year old male who sustained an industrial injury on 6/1/87. The injured worker was diagnosed as having disc degeneration of lumbar spine, facet arthropathy, and status post failure of conservative treatment. Currently, the injured worker was with complaints of lower back pain with radiation to the lower extremities. Previous treatments included injections and medication management. Previous diagnostic studies included a magnetic resonance imaging. Physical examination was notable for pain with extension and rotation, decreased sensation in the L5 nerve root distribution and antalgic gait noted. The plan of care was for physical therapy and a lumbar epidural steroid injection.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The claimant has a remote history of a work injury occurring in 1987. He continues to experience radiating low back pain. When seen, he was having moderate to severe low back pain. A prior epidural injection is referenced as having provided great relief with the last injection done eight months before. The procedure report from the injection performed in October 2014 indicates that both a caudal epidural injection and multilevel bilateral facet injections were done. Authorization for another injection and eight sessions of physical therapy was requested. Guidelines recommend that, 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. Performing an epidural injection on the same day of treatment as facet blocks, sacroiliac blocks, lumbar sympathetic blocks, or trigger point injections is not recommended as this may lead to improper diagnosis or unnecessary treatment. In this case, the procedure performed previously was a combined procedure. Whether the claimant derived benefit from the epidural injection that was performed cannot be determined. A repeat injection is not medically necessary.

8 Physical Therapy Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in 1987. He continues to experience radiating low back pain. When seen, he was having moderate to severe low back pain. A prior epidural injection is referenced as having provided great relief with the last injection done eight months before. The procedure report from the injection performed in October 2014 indicates that both a caudal epidural injection and multilevel bilateral facet injections were done. Authorization for another injection and eight sessions of physical therapy was requested. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.