

Case Number:	CM14-0215618		
Date Assigned:	01/05/2015	Date of Injury:	02/05/2007
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/23/2014

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: 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 62-year-old male with an original industrial injury on February 5, 2007. The industrial diagnoses include chronic low back pain, lumbar degenerative disease, and lumbar radiculopathy. The patient has been treated with pain medications including Norco. There has been a prior epidural steroid injection performed which significantly helped with the leg pain. The last epidural steroid injection was performed in November 2012 at the L5-S1 level. The back pain was reduced by 90% and the leg symptoms by 75%. Physical examination demonstrated positive straight leg raise sign. There was also slight decrease in sensation along the left dorsal foot. The disputed issues request for an epidural steroid injection. A utilization review determination on December 12, 2014 had noncertified this request. The rationale for this denial was that there was no documentation of any functional improvement or decrease medication use with prior epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection Under Fluoroscopic Guidance at Left L5-S1 Interlaminar:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46-47.

Decision rationale: Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar or two transforaminal be injected in one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is indication that previous epidural injections have provided at least 50% pain relief for a “number of months” in a note from date of service 12/2/2014. However, there is no mention of functional improvement or reduction in medication use at that time. Although this is remote since the epidural steroid injection was done in 2012, there should be some commentary on this aspect as it is required by guidelines. Given this, the currently requested repeat Lumbar epidural steroid injection is not medically necessary.