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| Case Number: | CM15-0101280 | | |
| Date Assigned: | 06/03/2015 | Date of Injury: | 02/26/2010 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 05/13/2015 |
| Priority: | Standard | Application Received: | 05/27/2015 |

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: 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 58-year-old male, who sustained an industrial injury on 2/26/10. He reported a right knee injury. The injured worker was diagnosed as having chronic low back pain, chronic right knee pain and left shoulder pain. Treatment to date has included oral medications, epidural steroid injections, activity restrictions and home exercise program. Currently, the injured worker complains of low back pain with radiation to lower extremities and right knee pain. The injured worker notes previous epidural steroid injections have provided 50% pain relief for a few months. His work status is permanent and stationary. Physical exam noted pain on palpation of lumbar spine with radicular symptoms shooting down posterior aspect of both legs. A request for authorization was submitted for L5-S1 interlaminar epidural injection, Neurontin, Relafen and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Epidural Injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for 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. 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 of at least 50% pain relief for more than 6 weeks from prior ESI, but there is no indication of functional improvement or reduction of medication use. Furthermore, there are no current imaging or electrodiagnostic studies confirming a diagnosis of radiculopathy. As such, the currently requested epidural steroid injection is not medically necessary.