

Case Number:	CM15-0109059		
Date Assigned:	06/15/2015	Date of Injury:	01/19/1996
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/05/2015

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: 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 68 year old female, who sustained an industrial injury on 1/19/1996. The mechanism of injury is documented as occurring while working as a nurse. The injured worker was diagnosed as having lumbar radiculopathy and lumbar disc disorder. There is no record of a recent diagnostic study. Treatment to date has included epidural steroid injection, physical therapy, chiropractic care and medication management. In a progress note dated 5/6/2015, the injured worker complains of lumbar pain, which radiated to the right lower extremity and neck muscle spasms. Pain was rated 2/10 without medications and 0/10 with medications. Physical examination showed lumbar scoliosis, limited lumbar range of motion and paravertebral muscle tenderness and neck tenderness. The treating physician is requesting 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 ESI: 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 injections (ESIs) 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. 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, the patient has had a previous transforaminal epidural injection on 4/17/2015 which provided 50-60% pain relief. However, there is no documentation of functional improvement, or reduction in medication use, or that the pain reduction was for at least six weeks. In the absence of such documentation, the currently requested repeat lumbar epidural steroid injection is not medically necessary.