

Case Number:	CM15-0010227		
Date Assigned:	01/27/2015	Date of Injury:	08/27/2008
Decision Date:	03/20/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/16/2015

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 61 year old male who sustained a work related injury on August 27, 2008, who incurred low back injuries. He had complained of back and leg pain. In January 2011, Magnetic Resonance Imaging (MRI) revealed multilevel disc disease of the lumbar spine. Treatment consisted of pain medications and anti-inflammatory medications. In 2012, he was diagnosed with lumbar radiculopathy and treatment consisted of pain medication and epidural steroid injections. Currently, in December 2014, the injured worker continues to have increased low back pain and left leg pain. He continued with pain medication for relief and epidural steroid injections. On February 6, 2015, a request for a service of a repeat left lumbar epidural steroid injection at L5; intravenous sedation Fluoroscopic Guidance was non-certified by Utilization Review, noting MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left lumbar epidural steroid injection at L5 with IV sedation and fluoroscopic guidance: Upheld

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

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

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, there was an ESI authorized earlier in 2014. The provider noted good pain relief after the most recent ESI, but the specific criteria required by the CA MTUS (at least 50% pain relief with associated functional improvement and reduction of medication use for six weeks) have not been clearly identified. In the absence of such documentation, the currently requested repeat lumbar epidural steroid injection is not medically necessary.