

Case Number:	CM15-0011614		
Date Assigned:	01/29/2015	Date of Injury:	09/04/1987
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/21/2015

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

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 who sustained a work related injury September 4, 1987. Past history included laminectomy for decompression, lumbar, two levels, 2002. According to a treating physician's progress report dated December 22, 2014, the injured worker complains of bilateral low back pain and discomfort which is moderate to severe and constant. Physical examination reveals decreased range of motion of the lumbar back with tenderness and pain. A sensory deficit is present (bilateral legs), straight leg raise and gait described as abnormal. Diagnoses included lumbar disc degeneration and lumbar spondylosis. Treatment plan included request for authorization for lumbar epidural steroid injection, renew medications and orders for x-rays and labs. Work status is documented as permanent and stationary declared in 1988. According to utilization review dated December 30, 2014, the request for Lumbar Epidural Steroid Injection QTY: (1) is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESI's).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: 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 ESI
Page(s): 46-47.

Decision rationale: This patient presents with bilateral lower back pain, and bilateral lower extremities numbness. The treater has asked for LUMBAR EPIDURAL STEROID INJECTION but the requesting progress report is not included in the provided documentation. The 11/12/14 report states that the patient has benefited in the past for epidural steroid injections but does not indicate a date or which level was treated, nor is the efficacy of pain relief included. The 11/12/14 report does state that the patient has had no recent injections. Review of the reports do not show any prior L-spine MRI reports. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to 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. In this case, the patient had prior epidural steroid injections which were effective, but there was no documentation regarding when they were administered, the levels which were treated, nor the amount of pain relief the patient experienced. Exam findings showed an abnormal straight leg raise but no neurological deficits along a dermatomal distribution. No lumbar MRI was included in the documentation to show a potential nerve root lesion. MTUS does not support ESI's without a clear documentation of radiculopathy. The requested repeat epidural steroid injection IS NOT medically necessary.