

Case Number:	CM15-0015172		
Date Assigned:	02/04/2015	Date of Injury:	05/19/2011
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/27/2015

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 59 year old male, who sustained a work/ industrial injury on 5/19/11. He has reported symptoms of low back pain that goes into the left hip and leg. The left wrist was painful with lifting heavy objects. Prior medical history includes: left hip revision arthroplasty. The diagnoses have included lumbosacral sprain/ stenosis. Upon examination, there was left wrist tenderness, loss of grip, and limited range of motion. There was lumbar spine tenderness as well as left S1 pain into the thigh. The Magnetic Resonance Imaging (MRI) of 11/27/13 of the lumbar spine documented disc bulge 2 mm at L3-4 and L4-5. There was central canal stenosis and foraminal narrowing. There was subacute or chronic compression deformity at L4, which was narrowed in craniocaudad dimension by 20%. The EM G/NCV study dated 5/14/14 documented left and right perineal nerves were normal. There was left L5 radiculopathy and right L4 radiculopathy. Treatment to date has included diagnostics, orthopedic consultation, physical therapy, acupuncture, psychological testing, chiropractic care, medication, pain management, and injections. There was a request for bilateral L4-5 and L5-S1 epidural steroid injection. Medications included Diazepam, Hydrocodone, and Omeprazole. 5/20/14 report notes a history of ESI. On 12/30/14, Utilization Review non-certified a Bilateral L4-L5, L5-S1 Epidural Steroid Injection, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5, L5-S1 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) 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 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 a history of prior ESI, but there is no indication of at least 50% pain relief with associated functional improvement and reduction of medication use for at least 6 weeks from previous epidural injections. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.