

Case Number:	CM15-0019153		
Date Assigned:	02/09/2015	Date of Injury:	11/22/2012
Decision Date:	05/11/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

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 47-year-old male, who sustained an industrial injury on 11/22/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having multi-level lumbar disc disease and status post left shoulder arthroscopic surgery. Treatment to date has included lumbar epidural steroid injections x2, trigger point injections, and medications. Currently, the injured worker complains of low back and bilateral leg pain, recurrent. Tenderness with deep palpation in the paralumbar spine was noted, along with bilateral positive straight leg raise tests. The treatment plan included a request for a third lumbar epidural steroid injection, noting the first two as successful. An operative report for a lumbar epidural steroid injection (8/18/2014) was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with low back pain radiating to lower extremities. The request is for LUMBAR EPIDURAL STEROID INJECTION #3. The request for authorization is not provided. The patient is status-post left shoulder arthroscopy, subacromial decompression, and cuff repair, date unspecified. Physical examination of the lumbar spine reveals tenderness to palpation in the paralumbar. Range of motion is decreased. Positive straight leg raise bilaterally. Per progress report dated, 10/15/14, patient is off work. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, 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." Per progress report dated, 10/15/14, treater's reason for the request is "We are requesting the third epidural injection. He has had good success with the first two weeks with relief of symptoms." In this case, it appears the treater is requesting a repeat injection based on good success from a prior lumbar epidural steroid injection dated, 08/18/14. MTUS requires for repeat injections, documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. However, treater's documentation shows relief of symptoms for only two weeks, well short of the six to eight weeks required by MTUS. Furthermore, treater does not provide any documentation or discussion regarding significant pain relief the patient was able to obtain from the epidural steroid injections, which must be at least 50%. Therefore, given the lack of documentation, the request IS NOT medically necessary.