

Case Number:	CM15-0110435		
Date Assigned:	06/17/2015	Date of Injury:	09/17/2012
Decision Date:	07/21/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 9/17/2012. The current diagnoses are L2-L3 collapse with lateral scoliosis on coronal imaging, severe modic changes, mild retrolisthesis, and L3-L4 greater than L4-L5 desiccation. According to the progress report dated 4/27/2015, the injured worker complains of low back and leg pain. He rates his current pain 5/10 on a subjective pain scale. He notes that it flares up to 9/10 once or twice a month and goes down to a constant 2/10 when it is at its lowest. The current medications are Hydrocodone and Xanax. Treatment to date has included medication management, MRI studies, physical therapy, and electrodiagnostic testing. The plan of care includes lumbar epidural steroid injection (L2-L3).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (L2-L3): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Page(s): 46, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for 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. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. 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 are no objective examination findings supporting a diagnosis of radiculopathy. In the absence of such documentation, the currently requested Lumbar epidural steroid injection is not medically necessary.