

Case Number:	CM15-0111056		
Date Assigned:	06/17/2015	Date of Injury:	07/04/2012
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 27-year-old male who sustained an industrial injury on 07/04/12. Initial complaints and diagnoses are not addressed. Treatments to date include medications, chiropractic treatments, acupuncture, heat, ice, and psychological treatments. Diagnostic studies include MRIs of the lumbar and cervical spine as well as the brain on 01/26/15. Current complaints include headaches and neck pain. Current diagnoses include cervical and lumbar sprain/strain, lumbar spine intervertebral disc displacement, knee sprain/strain, anxiety, depression, and fibromyalgia. In a progress note dated 05/11/15, the treating provider reports the plan of care as neurology evaluation, acupuncture, a lumbar epidural steroid injection, and physical therapy. The requested treatments include a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections: Upheld

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

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

Decision rationale: Lumbar epidural steroid injections are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. 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. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The request does not specify a level or laterality and the request for more than one injection is not clear on the request as more than one injection in the same level cannot be certified without the above recommended 50% efficacy and reduction in medication use for 6-8 weeks. Without clarification on the request for lumbar epidural steroid injections, this is not medically necessary.