

Case Number:	CM15-0112405		
Date Assigned:	06/18/2015	Date of Injury:	11/13/2013
Decision Date:	07/21/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/10/2015

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: Preventive Medicine, Occupational 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 57 year old male who sustained a work related injury November 13, 2013. Past history included left knee arthroscopy and meniscectomy. According to a physician's progress notes, dated May 11, 2015, the injured worker presented with complaints of constant and progressively low back pain the last few days. He underwent a transforaminal injection L4-5 bilateral on March 31, 2015, with moderate relief for a few weeks. He is requesting another injection. He reports the pain is worse when undergoing physical therapy and he stopped the treatment. He has been experiencing significant pain, rated 5/10, in the right hip shooting down the leg with right foot numbness and radicular symptoms. According to the physician, he is prescribed Flexeril, Hydrocodone, and Gabapentin but only takes the medication when the pain is really bad (not specified). On examination, there is generalized and diffuse tenderness in the mid lumbar area and right para spinal areas L1-L5 and significant tenderness of the medial aspect of the right knee. Straight leg raise was positive on the right at 60 degrees when in the supine position. There is pain and paresthesias over the lumbar spine, right buttock, back of the right thigh and calf of the right leg, with mild sensory deficit. Impression is documented as low back pain from disc bulging at L2-3 and L4-5 and right sided radiculopathy. Diagnosis is documented as lumbar stenosis. At issue, is a request for authorization for lumbar epidural steroid injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-5 fluroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 5) No more than two nerve root levels should be injected using transforaminal block. 6) No more than one interlaminar level should be injected at one session. 7) 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. 8) No more than 2 ESI injections. The injured worker is reported to have had a transforaminal injection L4-5 bilateral on March 31, 2015, with moderate relief for a few weeks. This is not considered an adequate response to epidural steroid injection to support a repeat injection. The request for lumbar epidural steroid injection at L4-5 fluoroscopy is determined to not be medically necessary.