

Case Number:	CM15-0113656		
Date Assigned:	06/22/2015	Date of Injury:	11/22/2010
Decision Date:	07/20/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

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 51 year old male who sustained an industrial injury on 11/22/2010. Mechanism of injury occurred while on the job at [REDACTED]. Diagnoses include displacement of intervertebral disc without myelopathy. Treatment to date has included diagnostic studies, medications, epidural steroid injections, physical therapy, aquatic therapy, and chiropractic sessions. An Electromyography of the left lower extremity done on 08/04/2011 was normal. His medications include Ibuprofen, Percocet, Soma and Zanaflex. He continues to work at [REDACTED]. A physician progress note dated 05/13/2015 documents the injured worker has continues low back pain. He describes his pain as 8 out of 10 and it is a sharp, shooting and stabbing pain and radiates to his left lower extremity and left buttock. He has been stable on his current medication regimen and has been able to maintain function. Without his medications he would not be able to continue with his current activity level. His last lumbar epidural injection was given on 10/15/2014 and resulted in 9-10 weeks of relief of his left leg pain. The treatment plan includes 6 chiropractic therapy visits for the lumbar spine. Treatment requested is for L4-L5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 epidural steroid injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in November 2010 and continues to be treated for radiating low back pain. An epidural injection in October 2014 is referenced as providing 70-80% relief of left leg pain lasting for 9-10 weeks and allowing him to work and perform activities of daily living. He had been able to decrease medication usage and perform a home exercise program. When seen, pain was rated at 7-8/10. There was positive left straight leg raising with decreased left lower extremity strength and sensation. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injection is within applicable guidelines and medically necessary.