

Case Number:	CM15-0114569		
Date Assigned:	06/22/2015	Date of Injury:	01/10/1982
Decision Date:	07/21/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/15/2015

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 62-year-old male who sustained an industrial injury on 01/10/82. Initial complaints and diagnoses are not available. Treatments to date include medications, lumbar epidural steroid injections, and facet injections. Diagnostic studies are not addressed. Current complaints include low back and neck pain. Current diagnoses include bilateral cervical and lumbar facet arthropathy, bilateral sacroiliac joint arthropathy, lumbar and cervical spondylosis and inflammatory radiculopathy, bilateral Piriformis myopathy, chronic low back pain, and myofascial pain syndrome. In a progress note dated 05/06/15 the treating provider reports the plan of care as a L1-2 L4-5 translaminar epidural steroid injection, as well as medications including Norco, Ambien, tramadol, and Amitriptyline. The requested treatments include a L1-2 L4-5 translaminar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L1-2, L4-5 translaminar epidural steroid injection: Upheld

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

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

Decision rationale: 1 L1-2, L4-5 translaminar epidural steroid injection is 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 one of the the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate clear physical exam findings of radiculopathy in the proposed area for epidural steroid injection or 50% of pain relief with reduced medicine for 6-8 weeks. For this reason, the request for epidural steroid injection is not medically necessary.