

Case Number:	CM15-0114652		
Date Assigned:	06/22/2015	Date of Injury:	05/05/2008
Decision Date:	08/18/2015	UR Denial Date:	06/01/2015
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: California

Certification(s)/Specialty: Family Practice

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 63-year-old female who sustained an industrial injury on 5/5/2008 resulting in pain to the left upper extremity, lower extremity, back, neck, and right hip. She was diagnosed with chronic low back pain, multiple level disc lesions with spondylosis, and cervical radiculopathy. Treatment has included trigger point injections; anterior decompression and fusion C3-6; medication; and, physical therapy. The injured worker currently reports an increase in right hip pain, radiating down to her right foot and groin, with radiculopathy. The treating physician's plan of care includes outpatient right lumbar trans-foraminal epidural at L3-4, and L4-5. The injured worker is retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right lumbar trans-foraminal epidural at L3-4 and L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: This patient receives treatment for chronic neck, back, and hip pain. The medical diagnoses include lumbar disc disease and cervical radiculopathy. This relates back to a work-related injury dated 05/05/2008. The patient receives treatment with Subsys, Lyrica, and Fentanyl patch. This review addresses a request for an epidural injection at L3-4 and L4-5. The documentation describes the patient's physical findings as an antalgic gait. There is no documentation of a neurological deficit involving the L3-4 or the L4-5 dermatomes. ESIs may be medically indicated to treat radicular pain. The current treatment guidelines recommend a series of up to 2 ESIs. Because ESIs produce a short-lived reduction in pain relief by reducing inflammation, ESIs should be used in conjunction with other treatment modalities. The guidelines state that a number of specific clinical criteria must exist in order to be recommended. These criteria include: radiculopathy corroborated on physical examination plus imaging, lack of responsiveness to conservative care, no more than 2 nerve root levels and no more than one inter laminar level should be injected at one session. Based on the lack of documentation of radicular findings on exam, ESIs are not medically indicated.