

Case Number:	CM15-0116380		
Date Assigned:	06/24/2015	Date of Injury:	06/15/2003
Decision Date:	07/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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 70 year old female patient who sustained an industrial injury on 06/15/2003. A primary treating office visit dated 02/12/2015 reported subjective complaints of having excellent results after having had an injection administered and noted with improved functional level. She states taking one Percocet in the morning and one at HS with good effect. The following diagnoses are applied: herniated disc; pain lumbago low back pain, and lumbar radiculopathy. The plan of care noted refilling prescriptions, recommending an epidural injection. Current medications are: Senna, Ranitidine, Temazepam, Oxycodone, Temazepam, Oxycodone /APAP, Morphine Sulphate, Kadian Oil, and Gabapentin. On 02/05/2015, the patient underwent an epidurogram followed by an injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 repeat lumbar spine injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, the injured worker has had a previous lumbar ESI with significant relief lasting several months. However, there is no objective evidence of radiculopathy in the injured worker and subjective complaints have not been corroborated by imaging studies. The request for 2 repeat lumbar spine injections is determined to not be medically necessary.