

Case Number:	CM15-0119552		
Date Assigned:	06/30/2015	Date of Injury:	03/20/2014
Decision Date:	08/05/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 56 year old male, who sustained an industrial injury on 03/20/2014. The injured worker reported pain to the low back while loading a drywall cart. The injured worker was diagnosed as having lumbar strain, lumbar five to sacral one disc osteophyte and facet arthropathy with mild canal stenosis, and mild neural foraminal narrowing at lumbar four to five. Treatment and diagnostic studies to date has included medication regimen, laboratory studies, magnetic resonance imaging of the lumbar spine, physical therapy, chiropractic therapy, epidural injection, use of a transcutaneous electrical nerve stimulation unit, and use of ice. In a progress note dated 06/01/2015 the treating physician reports complaints of constant pain to the low back that radiates to the right leg to the calf along with associated symptoms of occasional numbness to the right leg and insomnia. Examination reveals midline lumbosacral tenderness, decreased range of motion to the lumbar spine, and slow to change from seated to standing position. The treating physician noted that the injured worker had a prior epidural injection for low back pain approximately two years ago that was noted to assist the injured worker for a brief period of time, but the medical records did not contain specific documentation of pain reduction or of any functional improvement secondary to the prior epidural injection. The treating physician requested lumbar epidural steroid injection at bilateral L5-S1 with the treating physician noting that this treatment is appropriate for the injured worker, but did not indicate the specific reason for the requested treatment.

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 bilateral L5-S1: Upheld

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
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Decision rationale: Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.