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| Case Number: | CM15-0119723 | | |
| Date Assigned: | 06/30/2015 | Date of Injury: | 09/21/2012 |
| Decision Date: | 07/29/2015 | UR Denial Date: | 06/11/2015 |
| 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old female with an industrial injury dated 09/21/2012. The injured worker's diagnoses include sprain shoulder/arm, traumatic arthropathy and sprain of hand. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/06/2015, the injured worker presented with low back. The injured worker rated pain a 6-10/10. Some documents within the submitted medical records are difficult to decipher. In a progress note dated 06/03/2015, the treating physician noted that the injured worker wants surgery but wants to try another lumbar epidural steroid injection (ESI). Objective findings revealed positive Magnetic Resonance Imaging (MRI) with pain on range of motion and leg pain/numbness. The treating physician prescribed services for one (1) lumbar epidural steroid injection under fluoroscopy with epidurography now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar epidural steroid injection under fluoroscopy with epiduragraphy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the patient has radicular symptoms with clinical findings of such, to repeat a LESI 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. Submitted reports are unclear with level of pain relief and duration of benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased functional status or activities of daily living. Criteria to repeat the LESI have not been met or established. The One (1) lumbar epidural steroid injection under fluoroscopy with epidurography is not medically necessary and appropriate.