

Case Number:	CM15-0121407		
Date Assigned:	07/02/2015	Date of Injury:	12/09/2010
Decision Date:	07/30/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/23/2015

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 was a 51 year old female, who sustained an industrial injury, December 9, 2010. EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities only had incidental findings of defects on the accessory peroneal nerve on the left side; otherwise normal findings, lumbar spine MRI and lumbar spine x-rays. The injured worker was diagnosed with lumbar radiculopathy, lumbar herniation disc, chronic lumbar strain, multilevel disc disease at L4, L5 and S1 with mild to moderate foraminal stenosis per MRI of November 22, 2014 and lower extremity radicular pain. The injured worker received the recent treatment of lumbar epidural injection under fluoroscopy at L4-L5 on February 23, 2015. According to progress note of March 11, 2015, the injured worker's chief complaint was persistent low back pain. The injured worker rated the pain at 3 out of 10 after the epidural injection on February 23, 2015. The injured worker's pain level prior to the injection was 6-7 out of 10 with radicular symptoms into the left leg which have resolved. The physical exam noted slight decrease in the range of motion. There was tenderness in the paraspinals. The treatment plan included lumbar epidural injection under fluoroscopy at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection under fluoroscopy guidance at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: The provider noted the patient had ESI on 2/23/15 with pain relief; however, now with request for repeat ESI on 3/11/15, only 1-1/2 weeks later. 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; however, the clinical findings was without specific myotomal and dermatomal neurological deficits and 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. The patient received a recent LESI that provided less than 2 weeks of pain relief without any change in medication dosing or profile nor was there any increased function or improved ADLs documented. Submitted reports noted unchanged symptom without decreased in medication profile or treatment utilization or functional improvement described in terms of increased work status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Lumbar epidural injection under fluoroscopy guidance at L4-5 is not medically necessary or appropriate.