

Case Number:	CM15-0128163		
Date Assigned:	07/15/2015	Date of Injury:	11/02/2010
Decision Date:	08/13/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	07/03/2015

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, Pain Management

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 52 year old female, who sustained an industrial injury on November 2, 2010. She reported a pop in her lower back followed by burning pain. The injured worker was diagnosed as having low back pain with radicular symptoms right lower extremity, extruded disc herniation at L2-3 and fibromyalgia. Treatment to date has included diagnostic testing, injections, heat, interferential unit and medications. On May 27, 2015, the injured worker complained of ongoing difficulty with pain in her lower back and down both legs to her feet. She also reported increased tingling and stabbing pain. The pain was rated as a 9 on a 1-10 pain scale that is reduced to a 7/10 on the pain scale with medications. The application of heat, medications and the interferential unit were noted to help the pain. The treatment plan included medications and injection. On June 1, 2015, Utilization Review non-certified the request for lumbar epidural steroid injection L4-5 times one, citing California MTUS Guidelines.

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 L4-5 x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for 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. 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 and current objective evidence of radiculopathy. As such, the currently requested lumbar epidural steroid injection is not medically necessary.