

Case Number:	CM15-0128190		
Date Assigned:	07/15/2015	Date of Injury:	07/13/2013
Decision Date:	08/13/2015	UR Denial Date:	06/17/2015
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 46 year old male, who sustained an industrial injury on July 13, 2013. The injured worker was diagnosed as having neck sprain/strain, lumbosacral spondylosis and lower leg pain in joint. Treatment to date has included medication magnetic resonance imaging (MRI) and injection. A progress note dated May 28, 2015 provides the injured worker complains of neck, shoulder and back pain. He reports his back pain has increased and he has pain in both hips. The shoulder pain radiates to his arms with numbness. He reports prior epidural steroid injection provided greater than 50% reduction in pain for over 4 months. He requests another epidural steroid injection. Physical exam notes antalgic gait. Review of magnetic resonance imaging (MRI) reveals retrolisthesis, disc bulge and spondylosis. The plan includes epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L4-L5, x 1: 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 Page(s): 46 of 127.

Decision rationale: Regarding the request for 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, previous injection was noted to provide 50% pain relief for 4 months, but there is no indication of associated reduction of medication use functional improvement from previous injections. In the absence of clarity regarding the above issues, the currently requested epidural steroid injection is not medically necessary.