

Case Number:	CM15-0170041		
Date Assigned:	09/10/2015	Date of Injury:	02/19/2014
Decision Date:	10/14/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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 59 year old male who sustained an industrial injury on February 19, 2014. The worker is employed as a deputy sheriff. The accident occurred while working with educational mannequin weighing greater than 150 pounds he hurt his neck. Documentation noted the physician requesting a lumbar epidural injection on July 16, 2015. He is with subjective complaint of ongoing pain in the lower back radiating to the leg. He states that the injection he received for his neck pain only helped for a short period and pain recurred. He is also with symptomatic spondylosis at L5-S1 along with foraminal narrowing at L4-5 with bilateral sciatica to the knee. There is recommendation for a lumbar epidural injection. He is to continue with sedentary work. Objective assessment at follow up on January 08, 2015 reported the worker with ongoing symptoms. Objective assessment found decreased sensation in the right S1, L4 and L4 distribution. There is note of intermittent parasthesia's to the arms along with some weakness at times. There is recommendation for a cervical epidural injection bilaterally at C3-4 and C4-5. Again, at follow up March 2015, there is standing recommendation for administration of cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral epidural steroid injection L4-5, L5-S1 (lumbar and/or sacral vertebrae, multiple neck injury): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Regarding the request for bilateral epidural steroid injection L4-5, L5-S1 (lumbar and/or sacral vertebrae, multiple neck injury), 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 are recent subjective complaints and objective examination findings supporting a diagnosis of radiculopathy. However, the objective complaints are only on one side not bilateral and unfortunately, there is no provision to modify the current request. As such, the currently requested bilateral epidural steroid injection L4-5, L5-S1 (lumbar and/or sacral vertebrae, multiple neck injury) is not medically necessary.