

Case Number:	CM15-0173800		
Date Assigned:	09/15/2015	Date of Injury:	05/04/2004
Decision Date:	10/26/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 37 year old male, who sustained an industrial injury on May 4, 2004, incurring low back injuries. He was diagnosed with lumbar disc disease and lumbar radiculopathy. Treatment included pain medications, sleep aides, topical analgesic patches, and activity restrictions. He underwent a lumbar laminotomy, facetectomy, posterior fusion with bone graft on December 2, 2011. Computed tomography of the lumbar spine on December, 19, 2012 revealed significant stenosis of the spinal canal. He developed increased bilateral leg pain and received lumbar epidural steroid injection on October 22, 2013, which provided a great amount of pain relief. Currently, the injured worker complained of persistent low back pain radiating into the bilateral lower extremities. He noted weakness, anxiety, restlessness and spasms in the lumbar muscles and stiffness of the lumbar spine. He rated his pain 4 out of 10 in severities. The pain is constant achy. At dispute is the request on 09/03/2015 for lumbar epidural block at 2 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural block 2 levels L4-L5, L3-L4: 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: The injured worker sustained a work related injury on May 4, 2004. The medical records provided indicate the diagnosis of lumbar disc disease and lumbar radiculopathy. Treatment included pain medications, sleep aides, topical analgesic patches, and activity restrictions. Treatments have included pain medications, sleep aides, topical analgesic patches, activity restrictions; lumbar laminotomy, facetectomy, and posterior fusion with bone graft on December 2, 2011. The medical records provided for review do not indicate a medical necessity for Lumbar epidural block 2 levels L4-L5, L3-L4. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is 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 medical records indicate the injured worker has had previous epidural injections. The 10/07/2011 injection was noted to have provided excellent temporary relief, but there was no documentation of 50% improvement that lasted six to eight weeks; rather, the pain was said to have worsened during the 12/02/2011 evaluation. Also, the 20101 injection was reported to have provided no pain relief.