

Case Number:	CM15-0179245		
Date Assigned:	09/21/2015	Date of Injury:	10/29/2012
Decision Date:	11/06/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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 63 year old female who sustained an industrial injury on 10-29-12. A review of the medical records indicates the injured worker is undergoing treatment for low back pain, lumbosacral spondylosis, and lumbar radiculopathy. Medical records (07-01-15) reveal the symptoms started more than 5 years prior to the date of examination and are "decreasing." Pain is described at 2/10 on the day of exam and 5-10 at its worse. The physical exam reveals "facial expressions indicate the patient is feeling pain." Treatment has included medications, a medial branch block that provided 70% pain relief for 4 hours, and radiofrequency ablation. The original utilization review (08-28-15) non-certified the request for a lumbar epidural steroid injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Injection Bilateral L4-5: 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 Transforaminal Lumbar Epidural Injection Bilateral L4-5, 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 no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy at bilateral L4-5. In addition, an official MRI report dated in July of 2014 does not show any neural involvement. The requesting physician states that a recent MRI scan that was done in August of 2015 shows an annular tear and bulge at L4/5, however no official report was available for review and this does not mention any neural involvement that would support a diagnosis of radiculopathy at bilateral L4-5. In the absence of such documentation, the currently requested Transforaminal Lumbar Epidural Injection Bilateral L4-5 is not medically necessary.