

Case Number:	CM15-0065226		
Date Assigned:	04/13/2015	Date of Injury:	10/17/2006
Decision Date:	05/12/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/07/2015

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 female who sustained an industrial injury on 10/17/2006. Current diagnoses include lumbar spinal stenosis, degenerative disc disease, sciatica, displacement of disc, and sprain strain lumbar and thoracic. Previous treatments included medication management and lumbar epidural steroid injection. Report dated 03/04/2015 noted that the injured worker presented with complaints that included low back and right leg pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included a request for a lumbar epidural steroid injection directed to the right side of the L5-S1, prescriptions for Vicoprofen, orphenadrine, Naproxen, and omeprazole. The physician noted that the injured worker had received a tremendous amount of relief for up to a year or more with the prior injection. Disputed treatment includes a lumbar epidural steroid injection. The progress report dated March 4, 2015 identifies physical examination findings of normal motor and sensory exam in the lower extremities. The note goes on to state that in the past the patient has undergone epidural injections and lumbar spine for which she received "a tremendous amount of relief for up to a year or more."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for repeat 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. Guidelines recommend that no more than one interlaminar level, or to 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 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. Furthermore, there are no imaging or electrodiagnostic studies confirming a diagnosis of radiculopathy. Finally, there are no physical examination findings supporting a diagnosis of radiculopathy. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.