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| Case Number: | CM15-0069227 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 06/16/2013 |
| Decision Date: | 05/15/2015 | UR Denial Date: | 03/30/2015 |
| Priority: | Standard | Application Received: | 04/13/2015 |

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 60 year old male, who sustained an industrial injury on 6/16/2013. The current diagnoses are degeneration of the lumbosacral intervertebral disc, low back pain, and lumbosacral radiculopathy. According to the progress report dated 2/13/2015, the injured worker complains of constant bilateral low back pain with radiation into the buttocks and bilateral lower extremities associated with numbness, tingling and weakness. The pain is described as aching, pulsating, sharp, shooting, throbbing, and tightness. The present pain is rated 10/10 on a subjective pain scale. His average pain score is 8/10. The current medications are Norco, Acetaminophen, Cyclobenzaprine, Lidoderm patch, Mobic, and Tizanidine. Treatment to date has included medication management, X-rays, MRI studies, physical therapy, home exercise program, and electrodiagnostic testing. The plan of care includes lumbar epidural steroid injection for left L5-S1 and right L4-5 spine. An electrodiagnostic study dated February 1, 2014 identifies findings of left L4, L5, and S1 radiculopathy and right L4 and L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection for Left L5-S1 and Right L4-5 Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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 Lumbar epidural steroid injection for Left L5-S1 and Right L4-5 Spine, 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 are no recent objective examination findings supporting a diagnosis of radiculopathy at the proposed treatment levels. Additionally, it is unclear how the currently requested levels have been determined. There are no physical examination findings to support radiculopathy at the proposed levels, and electrodiagnostic studies identify radiculopathy at more levels than the ones currently being requested for injection. Therefore, it is unclear why and interlaminar injection which would address both sides and numerous levels would not be considered. In the absence of clarity regarding his issues, the currently requested Lumbar epidural steroid injection is not medically necessary.