

Case Number:	CM15-0071161		
Date Assigned:	04/21/2015	Date of Injury:	07/06/2005
Decision Date:	05/19/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/14/2015

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: Massachusetts

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 50 year old male who sustained an industrial injury on 07/06/2005. Current diagnoses include multilevel lumbar disc desiccation and bulging with stenosis, bilateral tennis elbow, and GERD secondary to anti-inflammatory use. Previous treatments included medication management, epidural steroid injections, physical therapy, and home exercise program. Previous diagnostic studies included x-rays. Report dated 01/12/2015 noted that the injured worker presented with complaints that included persistent low back and leg pain, and left arm pain. Pain level was rated as 6 out of 10 in the back and 7 out of 10 in the left arm on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included awaiting authorization for lumbar epidural steroid injections, prescribed medications, and request for orthopedic re-evaluation in six weeks. Disputed treatment includes a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic low back pain with left lower extremity radicular symptoms. When seen, there was decreased left lower extremity sensation. Imaging results are referenced as showing multilevel disc bulging with stenosis. On November 3, 2014, the referring provider references the possibility of repeat lumbar epidural steroid injections. Guidelines recommend that, in the therapeutic phase, repeat injections 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. In this case, the claimant's response to prior epidural steroid injections is not documented. Without meeting the criteria, the requested cannot be considered as medically necessary.