

Case Number:	CM15-0072633		
Date Assigned:	04/22/2015	Date of Injury:	09/10/2009
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/16/2015

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 35-year-old female with an industrial injury dated 09/10/2009. Her diagnoses included lumbago; post laminectomy syndrome, chronic pain syndrome and lumbosacral radiculitis. Prior treatments included surgery, epidural steroid injections, rest, non-steroidal anti-inflammatory medications, physical therapy and opiates. She presents on 03/11/2015 with complaints of low back pain, hip pain and bilateral leg pain. Physical exam revealed limited range of motion with flexion and extension of the lumbar spine. Trigger points were noted at the lower buttock region. The injured worker reports 80-90% relief for 6 months with past steroid epidural injections. She also noted 50% pain relief with medications. The treatment plan included epidural steroid injections, pain medications and medications for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral L4-L5, L5-S1 Transforaminal injection Kenalog, Omnipaque injection:
Overturned

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 Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in September 2009 and continues to be treated for radiating back pain. Prior treatments have included epidural injections with the last injection in November 2013 providing 80-90% pain relief lasting for at least six months. When seen, pain was rated at 8/10. Straight leg raising was positive. The claimant has a history of lumbar surgery in 2006. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injection is within applicable guidelines and therefore is medically necessary.