

Case Number:	CM15-0074834		
Date Assigned:	04/24/2015	Date of Injury:	05/13/2010
Decision Date:	05/27/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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 46 year old male, who sustained an industrial injury on May 13, 2010. The injured worker has been treated for low back complaints. The diagnoses have included lumbar degenerative disc disease with primary low back pain, lumbar radiculopathy, myofascial spasm, insomnia, depression secondary to pain and declining function. Treatment to date has included medications, radiological studies, ice treatment, chiropractic sessions, epidural steroid injections and a psychiatry session. Documentation dated February 25, 2015 notes that the injured worker had received epidural steroid injections, which were not helpful for the pain. Current documentation dated March 27, 2015 notes that the injured worker reported chronic low back pain. Physical examination revealed tenderness to palpation at the facet joint line of the lumbar spine and pain with extension. The injured worker was noted to have an antalgic gait. The treating physician's plan of care included a request for bilateral lumbar five transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal epidural steroid injection: Upheld

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

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 transforaminal 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 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. In the absence of such documentation, the currently requested Lumbar transforaminal epidural steroid injection is not medically necessary.