

Case Number:	CM15-0077342		
Date Assigned:	04/28/2015	Date of Injury:	04/26/2011
Decision Date:	05/26/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/22/2015

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 42 year old male who sustained an industrial injury on 04/26/2011. The injured worker was diagnosed with chronic thoracolumbar strain, chronic lumbar radicular syndrome and chronic lumbar disc protrusion at L5-S1. Treatment to date includes diagnostic testing, chiropractic therapy, exercise and stretching, lumbar epidural steroid injection (ESI) in December 2013 and medications. According to the primary treating physician's progress report on April 2, 2015, the injured worker presents with a flare up of low back pain with attempts at increasing activity. Examination of the thoracic spine demonstrated tenderness to palpation in the upper, middle and lower paravertebral muscles with mild limitation in range of motion. Examination of the lumbar spine demonstrated tenderness to palpation of the paravertebral muscles with decreased range of motion and increased pain on flexion and extension. Straight leg raise was negative bilaterally. Patchy decreased sensation in the bilateral lower extremities was noted. Hip and pelvis were within normal limits. Current medications include Tylenol #3 Orudis and Protonix. Treatment plan consists of continuing with scheduled therapy visits, medication regimen, modified work restrictions if available and the current request for a lumbar epidural steroid injection (ESI) to L5-S1. A progress report dated February 23, 2015 states that the patient had a lumbar epidural injection in December 2013 with "definite improvement." A progress report dated April 2, 2014 states that the patient complains of no radiating pain, numbness, or tingling into the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second lumbar epidural injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) 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 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 recent subjective complaints of radicular pain, and no objective findings supporting a diagnosis of lumbar radiculopathy. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.