

Case Number:	CM15-0078557		
Date Assigned:	04/29/2015	Date of Injury:	09/04/2001
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/24/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 a 75 year old female, who sustained an industrial injury on 9/4/2001. Diagnoses have included lumbar radiculopathy and lumbar post-laminectomy syndrome. Treatment to date has included epidural injections and medication. According to the progress report dated 3/25/2015, the injured worker was status post lumbar epidural steroid injection at L1-2 on 3/9/2015 with 50% pain relief in low back and 70% relief in legs. Medication use had decreased by approximately 30%. Functional ability had increased moderately with increase in activity level and endurance. Physical exam revealed improved range of motion. Straight leg was positive on the left. Sensation was decreased in the left, lateral thigh. Authorization was requested for epidural injection at L3-L4. The worker also had epidural steroid injection in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Epidural Injection At L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The injured worker sustained a work related injury on 9/4/2001. The medical records provided indicate the diagnosis of lumbar radiculopathy and lumbar post-laminectomy syndrome. Treatment to date has included, epidural injections and medication. The medical records provided for review do not indicate a medical necessity for 1 Epidural Injection At L3-L4. The medical records indicate the injured worker had mild pain relief following epidural steroid injection in an unspecified site in 06/2013; epidural steroid injections at L1-L2 in 09/22/2014 gave her more than 50% pain relief and 25% reduction in medication usage that lasted more than two months; a repeat epidural steroid injection at L1-L2 on 3/9/2015 provided more than 50% pain reduction and more than 25% reduction in medication usage; by 03/25/15, a request was made for L3-L4 1 Epidural Injection At L3-L4. The MTUS recommendation regarding repeat block is as follows, "In the therapeutic phase, 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."