

Case Number:	CM15-0087847		
Date Assigned:	05/14/2015	Date of Injury:	04/16/2014
Decision Date:	12/23/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/06/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 54-year-old female who sustained an industrial injury on 4-16-14. A review of the medical records indicates she is undergoing treatment for lumbar sprain, disc degeneration, lumbar spondylosis, facet arthropathy, left disc herniation and protrusion, and lumbar radiculopathy. Medical records (10-16-14, 12-24-14) indicate that the injured worker has undergone two lumbar epidural steroid injections on 9-10-14 and 12-17-14. The 10-16-14 note indicates that she received "50-60% improvement in symptoms for 4-6 weeks. Her pain is noted to have "gradually returned", but still rates "residual improvement 25%." She complained of occasional "slight to moderate" low back pain that radiates to the mid lateral left thigh with numbness in bilateral feet. She also reports stiffness and tightness of the low back. The 12-24-15 record indicates "good relief" from the second lumbar epidural steroid injection and reports "no pain." However, the record also indicates complaints of left gluteal and left hip pain, rating "5 out of 10" without medications and "0 out of 10" with medications. No radicular pain is noted. The physical exam (12-24-15) indicates that the injured worker denies pain across the low back, as well as numbness, tingling, and radicular pain. The provider states "we will allow additional time to determine the long term effect of the procedure." Treatment recommendations include medications. The Utilization Review (4-16-15) includes a request for authorization of therapeutic lumbar epidural steroid injection at L4-5. The request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Lumbar epidural steroid injection at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The CA MTUS cited recommends epidural steroid injections (ESIs) as an option for the treatment of radicular pain, and in general, no more than two total injections. The injured worker must have radiculopathy documented by exam, corroborated by imaging and/or electrodiagnostic studies, and be unresponsive to conservative management. No more than two nerve root levels should be injected with a transforaminal block or one interlaminar level injection per session. Furthermore, repeat blocks should be based on continued objective documented pain reduction and functional improvement, which includes at least 50% pain relief, with an associated reduction in medication use for six to eight weeks. In the case of this injured worker, she has described lower extremity radicular symptoms and demonstrates lower extremity focal neurologic deficits by history. However, documentation of at least 50% pain reduction from her second ESI (most recent) with continued objective improvement and reduced pain medication use is not clear. Therefore, the request for therapeutic lumbar epidural steroid injection at L4-5 is not medically necessary and appropriate.