

Case Number:	CM15-0093816		
Date Assigned:	05/20/2015	Date of Injury:	10/31/2008
Decision Date:	06/19/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/15/2015

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(n) 30-year-old male, who sustained an industrial injury on 10/31/08. He reported pain in his back and right knee. The injured worker was diagnosed as having degenerative lumbar disc with back pain and radicular pain, facet arthropathy and right meniscus tear, status post arthroscopy. Treatment to date has included a lumbar MRI on 4/28/11 showing degenerative changes of the lumbar spine at L4-S1 with L4-L5 disc bulge, LidoPro cream, Norco and a home exercise program. As of the PR2 dated 3/20/15, the injured worker reports pain in the lower back with radiation into the right buttock and right lower extremity. Objective findings include lumbar flexion 45 degrees, extension 10 degrees and lateral limited by 25% to the right and 10% to the left. There is also pain over the medial and lateral tibial plateaus and anterior drawer test was negative. The treating physician requested transforaminal epidural steroid injection under fluoroscopic guidance to right L4-L5 and L5-S1. A progress report indicates that the patient had a transforaminal epidural steroid injection, which improved his low back and leg symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection under fluoroscopic guidance to right L4-L5 and L5-S1: 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 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 objective examination or imaging/electrodiagnostic studies confirming a diagnosis of radiculopathy. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.