

Case Number:	CM15-0095326		
Date Assigned:	05/21/2015	Date of Injury:	01/06/2015
Decision Date:	06/25/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/18/2015

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: 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:

This 57-year-old female sustained an industrial injury to the low back on 1/6/15. Previous treatment included magnetic resonance imaging, epidural steroid injections, chiropractic therapy, massage, home exercise and medications. In a PR-2 dated 4/14/15, the injured worker complained of ongoing low back pain with intermittent lower extremity symptoms. The injured worker reported that she had been active and that her symptoms were tolerable overall. The injured worker attended chiropractic therapy once a week, got massages twice a month and joined a community center where she did exercises including cycling. The physician noted that the injured worker got periodic lumbar epidural steroid injections to control her pain and avoid the need for lumbar surgery. The injured worker was requesting another epidural steroid injection in the near future. Physical exam was remarkable for lumbar spine tenderness to palpation and pain upon range of motion with mild irritability of the right hip. X-rays of the lumbar spine showed multilevel disc space narrowing and osteophyte formation with advanced collapse at the distal levels. Current diagnoses included right lumbar spine radiculopathy, lumbar disc herniations, spinal stenosis and osteoarthritis of the right hip. The physician noted that the injured worker might benefit from lumbar decompression with intralaminar stabilization. The physician also stated that the injured worker would eventually require hip replacement. The treatment plan included requesting authorization for additional lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. L4-L5 Epidural Steroid Injection is not medically necessary.

L5-S1 Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. L5-S1 Lumbar Epidural Steroid Injection is not medically necessary.