

Case Number:	CM13-0004457		
Date Assigned:	08/07/2013	Date of Injury:	02/13/2013
Decision Date:	01/14/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services.

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 underlying date of injury in this case is 02/13/2013. The primary diagnosis is lumbar disc displacement. The treating diagnoses are lumbar disc protrusions and lumbar radiculopathy. A prior physician review notes that a procedure note of 05/28/2013 described a lumbar epidural injection at L4-5, and MRI of 04/11/2013 described a disc bulge at L5-S1 with a posterior annular tear. As of 06/26/2013, the patient had reported no relief of pain with an epidural injection and reported ongoing pain mainly in the low back and radiating into the right lower extremity into the toes. On exam, he has positive straight leg raising at 60 degrees on the right and a positive Patrick's on the right. Strength and sensation were intact. The treating physician recommended a second epidural injection. The prior reviewer noted that the medical records do not support the necessity of a repeat epidural injection since repeat injections should be based on documentation of pain and functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second lumbar epidural steroid injection (ESI): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: This request appears to be a request for a second diagnostic epidural injection rather than a therapeutic injection. The Chronic Pain Medical Treatment Guidelines state that a second block Final Determination Letter for IMR Case Number [REDACTED] is not recommended if there is inadequate response to the first block. The medical records in this case document extremely limited response to a first block. Additionally, the fundamental criteria for an epidural injection apply in the diagnostic phase, where the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical records do not meet this guideline with the presence of a radiculopathy. For these multiple reasons, the patient does not meet the guidelines for a second epidural injection. The request for a second ESI is not medically necessary and appropriate.