

Case Number:	CM13-0013550		
Date Assigned:	11/27/2013	Date of Injury:	07/10/2006
Decision Date:	01/17/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/16/2013

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 Anesthesiologist, has a subspecialty in <MPR SUBSPEC CERT> and is licensed to practice in Pain Medicine. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old female who sustained a work-related injury on 07/10/2006. Since the date of injury, the patient has had epidural steroid injection, physical therapy, nerve stimulator trial, and medication management. The most recent progress report dated 09/09/2013 indicates the patient was on a medication regimen of Lidoderm patches 5%, Cymbalta, Neurontin, and Vistaril. Subjective findings indicated that the patient reported the medication regimen decreased pain, allowed for activity, improved sleep, and no side effects were noted. Objective findings revealed decreased range of motion and positive straight leg raise on the right. An MRI revealed a 3 mm diffuse disc bulge without abutment of the thecal sac at L5-S1, and osteophytes which resulted in moderate narrowing of the L5 neural foramina bilaterally. The treatment plan included discontinuation of Neurontin, increase of Cymbalta, and a request for authorization to continue the medications as the patient was stable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

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

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

Decision rationale: CA MTUS Guidelines for epidural steroid injections state that the patient should be "initially unresponsive to conservative treatment in the form of exercises, physical methods, and NSAIDs and muscle relaxants". Additionally, in the therapeutic phase, repeat blocks should be based on continued objective documentation of at least 50% decrease in pain, increase in functional improvement, and reduction of medication use for 6 to 8 weeks. The clinical information submitted for review indicates the patient has undergone a prior epidural steroid injection, but there is no objective documentation of at least 50% pain relief, decreased medication use, or functional improvement. Additionally, the clinical documentation indicates the patient reported decreased pain and increased activity tolerance with the current pain medication regimen. The request did not include the level(s) or laterality of the injection. As such, the medical necessity for lumbar epidural steroid injection has not been established.