

Case Number:	CM13-0022455		
Date Assigned:	03/12/2014	Date of Injury:	02/13/2006
Decision Date:	05/28/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/10/2013

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. The expert 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 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/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 has submitted a claim for lumbar degenerative disk disease associated with an industrial injury date of February 13, 2006. A utilization review from August 22, 2013 denied the request for lumbar epidural injection a bilateral L4-S1 x2 due to a request for two injections instead of one. Treatment to date has included epidural steroid injection 2012, physical therapy, chiropractic treatment, acupuncture, and pain medications. Medical records from 2013 were reviewed showing the patient complaining of low back pain with radiation to the bilateral lower extremities. She has continued to work despite the pain. Treatment with physical therapy, chiropractic sessions, and acupuncture has resulted in partial benefit. The pain interferes with activities of daily living as well as work functions. Physical exam demonstrated tender facet joints for the lumbar spine. There was noted sharp pain into the left L5 distribution. The motor and reflex exams for the lower extremities were noted to be normal. A 9/13/12 lumbar MRI demonstrates, at L4-5, lateral recess stenosis; and, at L5-S1, compromise of the exiting left L5 root.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION BILATERAL L4-S1 X 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTION Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain documented on physical exam and corroborated on diagnostic studies. Repeat blocks should be based on prior documentation of pain and functional improvement from the last injection including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient had a previous injection in 2012. However, the documentation did not provide any objective evidence of pain relief or decrease in medication use for 6 to 8 weeks following previous injection. Each injection should be scheduled independently depending on response to previous injection. Therefore, a request for two lumbar epidural steroid injections is not medically necessary.