

Case Number:	CM13-0022852		
Date Assigned:	03/19/2014	Date of Injury:	08/20/2010
Decision Date:	05/28/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/11/2013

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 and 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 is an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury sustained on August 20, 2010. Treatment to date has included medications, physical therapy, bio-behavioral pain management, and lumbar epidural injection, which provided significant pain reduction for 2-3 months. Medical records from 2010-2013 were reviewed, which showed that the patient complained of constant low back pain rated at 6/10. He claimed that prolonged lying, standing, bending, and lifting more than 20-30 pounds increased the pain to 8/10. He also reported that the pain radiated to the upper back and down to the legs, right greater than the left. He denied numbness in the legs, but experienced cramping with prolonged standing. He stated that walking or sitting did not aggravate the lower back pain. With regard to activities of daily living, he reported some difficulty in putting on his pants/shoes and other activities involving bending and stooping. He reported avoiding doing heavy house chores, but claimed he did not have limitations. On physical examination, the patient was ambulatory without a limp. He was able to toe walk but stopped after a few steps complaining of left thigh pain. He was able to heel walk, but stopped after a few steps complaining of low back pain. He had slight limitations in lumbar range of motion. Lumbar paraspinal muscles and lumbosacral junctions were tender to palpation. There were no sensorimotor deficits of the lower extremities. Straight leg raise test was negative bilaterally. Faber's test caused complaints of lower back pain and bilateral knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

A lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: According to page 46 of the Chronic Pain Medical Treatment Guidelines and page 300 of the ACOEM Low Back Chapter, repeat blocks should only be offered if there is at least 50-70% pain relief for 6-8 weeks following previous injections. In this case, the medical reports indicated a significant decrease in pain for 2-3 months following lumbar epidural injection; however, pain relief was not specifically quantified. In addition, the MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology. The medical reports submitted for review did not indicate such documentation. Furthermore, the MTUS criteria for the use of epidural steroid injections also state that no more than one interlaminar level should be injected at one session and that no more than two nerve root levels should be injected using transforaminal blocks. In this case, there was no mention of the levels or sites to which the lumbar epidural injection will be administered. The criteria for lumbar epidural steroid injection was not fulfilled; therefore, the request is not medically necessary.