

Case Number:	CM13-0024606		
Date Assigned:	11/20/2013	Date of Injury:	12/30/2011
Decision Date:	01/24/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, 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. 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 46-year-old male who reported an injury on 12/30/11; he was driving over very bumpy roads and started feeling pain in his lumbar spine area. The patient's diagnoses include myofascial pain syndrome, lumbar spine strain, and lumbosacral radiculopathy. It was noted that the patient had tried acupuncture with little benefit; he still has pain in the back, and some numbness of the right leg. He is working full duty, and taking medication with relief. The physical exam findings included a positive right straight leg raise test, decreased sensation to the right foot, normal strength and reflexes of the bilateral lower extremities, and decreased range of motion of the low back by 10% in all planes

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar epidural steroid injection (ESI) to the right L4-S1: Upheld

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

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

Decision rationale: The California MTUS guidelines state that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. It further states that the guidelines

recommend no more than two epidural steroid injections. A second epidural steroid injection is shown to be recommended if partial success is produced with the first. ESIs can offer short-term pain relief, and should be used in conjunction with other rehabilitative efforts, including continuing a home exercise program. The criteria for repeat ESIs state that the repeat block should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of pain medication use for 6-8 weeks. It is documented in the provided medical record that the patient showed a 50% relief in his pain following his first epidural steroid injection for at least six weeks; however, the clinical information submitted did not indicate the patient had associated reduction of pain medication for 6-8 weeks. Therefore, the patient does not meet the criteria for use of a second epidural steroid injection, and the request is non-certified.