

Case Number:	CM13-0034676		
Date Assigned:	12/11/2013	Date of Injury:	05/13/2010
Decision Date:	02/10/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/15/2013

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 Management and is licensed to practice in Florida. 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 54-year-old female who reported a work related injury on 05/13/2010, the specific mechanism of injury is not stated. The patient presents for treatment of the following diagnosis: lumbar radiculopathy. MRI of the lumbar spine dated 03/21/2011 signed by [REDACTED] i revealed: (1) at the L4-5 disc level there was a disc desiccation with the 4 to 5 mm diffuse disc protrusion, central and foraminal, with stenosis; (2) at the L5-S1 disc level, there was disc desiccation with a 5 to 6 mm broad based disc protrusion, central and foraminal, with stenosis. The most recent clinical note submitted for review is dated 08/13/2013, with an examination of the patient performed under the care of [REDACTED]. The provider documents that the patient reports pain continues in the low back and posterior thighs. The provider documented that the patient was to continue utilizing Vicodin and requested an L4-S1 epidural injection

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 lumbar epidural injection under fluoroscopy: Upheld

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

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

Decision rationale: The current request is not supported. A review of all clinical notes submitted evidenced the patient has utilized previous epidural steroid injections for her pain complaints status post an unspecified work related injury sustained in 05/2010. However, quantifiable efficacy was not noted in the clinical documents, as far as a decrease in rate of pain on a visual analog scaled (VAS), an increase in objective functionality, and a decrease in medication utilization. California MTUS indicates repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief with reduction of medication use for 6 to 8 weeks with the general recommendation of no more than 4 blocks per region per year. Given all the above, the request for an L4-S1 lumbar epidural injection under fluoroscopy is not medically necessary or appropriate.