

Case Number:	CM13-0034700		
Date Assigned:	12/11/2013	Date of Injury:	09/12/2007
Decision Date:	01/29/2014	UR Denial Date:	09/12/2013
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 Family Practice and is licensed to practice in Texas. 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 an injury on 09/12/2007 after she slipped on wet ground. The patient has been treated for ongoing chronic lumbar back pain. An MRI performed on 07/01/2010 showed a moderately prominent posterior disc compartment in the left paracentral region at the L3-4, and other degenerative changes at L4-5 and L5-S1. An EMG/NCV study of the bilateral lower extremities performed on 09/19/2012 showed findings suggestive of left chronic active L5-S1 radiculopathy. The patient underwent transforaminal lumbar epidural steroid injections at the left L3-4 on 08/20/2010 and again on 06/10/2011, which were noted as being effective. A document dated 06/24/2013 indicated the patient had a lumbar epidural steroid injection performed on 02/15/2013 with good relief. The physician is now requesting a lumbar epidural steroid injection again.

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.

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

Decision rationale: Under California MTUS, it states that epidural steroid injections are recommended as an option for treatment of radicular pain. Under the criteria for the use of epidural steroid injections, it states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studying/testing. This has been established in the case of this patient. However, in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation notes the patient has had some relief with the use of epidural steroid injections. However, there is no objective information indicating the patient had at least 50% relief with the associated reduction of medication use for 6 to 8 weeks. Furthermore, the physician has failed to indicate at which level the current epidural steroid injection is to be performed. Therefore, the requested service does not meet Guideline criteria for an epidural steroid injection at this time. As such, the requested lumbar epidural steroid injection is non-certified.