

Case Number:	CM13-0046319		
Date Assigned:	12/27/2013	Date of Injury:	08/23/2010
Decision Date:	03/07/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/12/2013

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 an 84-year-old female who reported a work related injury on 08/23/2010, the specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses lumbar disc herniation with radiculopathy, disc placement lumbar intervertebral without myelopathy, unspecified internal derangement of knee and sprain and strain of lumbar spine. The clinical note dated 10/03/2013 reports the patient was seen under the care of [REDACTED]; the provider recommended the patient undergo a third L5-S1 interlaminar epidural steroid injection. The provider documented upon physical exam of the patient her gait was nonantalgic. The provider documented the patient underwent a previous epidural steroid injection with good short term results. The patient describes continued lumbar spine pain complaints with radiation of pain down the bilateral lower extremities, left greater than right.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 translaminar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence quantifiable efficacy of the patient's previous utilization of injection therapy for her lumbar spine pain complaints. The California MTUS indicates, 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 used for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. Additionally, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The most recent physical examination did not evidence objective findings of radiculopathy, and there was no official imaging report of the patient's lumbar spine submitted for review. Therefore, the request for L5-S1 translaminar epidural steroid injection is neither medically necessary nor appropriate.