MAXIMUS Federal Services

Case Number:	CM13-0055539		
Date Assigned:	12/30/2013	Date of Injury:	05/11/2012
Decision Date:	04/25/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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, 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 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 injured worker's original date of injury was May 11 2012. The patient sustained an injury while lifting and loading trucks. The patient has chronic low back pain and has documentation of a 1 to 2 mm disc bulge at L3-4 for those results in spinal canal narrowing to 10 mm, moderate facet arthropathy, moderate disc height loss at L4-5 with a 2 to 3 mm disc osteophyte complex, and mild disc height loss at L5-S1. In electrodiagnostic study performed on August 16, 2012 documented bilateral L5 and S1 radiculopathy. Conservative treatments to date have included 24 physical therapy visits, home exercise program, acupuncture, lumbar bracing, activity modification, and pain medication. The disputed issue is a request for a 2nd epidural steroid injection in a series of 3. A utilization review determination noncertified this request based upon a lack of documentation of the functional benefit from the previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION, L5-S1; 2ND IN THE SERIES OF THREE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: The guidelines do not recommend a series of 3 epidural steroid injections. Since the independent medical review process cannot modify requests, this request as written is recommended for noncertification. Furthermore, there is documentation of a lumbar epidural steroid injection being performed on October 23, 2013. There is documentation in a progress note on December 5, 2013 that the patient had 50% relief in pain, but the time course of this was not specified in this progress note. The guidelines specify that the pain relief should occur with association of reduction in medication use for 6 to 8 weeks.