MAXIMUS Federal Services

Case Number:	CM13-0057593		
Date Assigned:	12/30/2013	Date of Injury:	09/04/2003
Decision Date:	05/15/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 is a 51-year-old female with a reported date of injury of 09/04/2003. The mode of injury reported by the patient was an assault. The injured worker noted that there was pain in the neck, back and shoulders after the event. The injured worker has diagnoses of chronic cervicalgia, cervical degenerative disc disease, possible bilateral cervical radiculitis, chronic low back pain, lumbar degenerative disc disease, bilateral sciatica with motor findings suggestive of bilateral L5 motor radiculopathy, and pain-related insomnia. The injured worker was seen in the office on 11/11/2013 for a re-evaluation. The injured worker's current medications are Tylenol No. 3, 3 times a day as needed for pain, Lidoderm patch every 12 hours, Lunesta 3 mg at bedtime. The injured worker noted some sedation with the Lunesta, but denied any other significant side effects with her medications. The injured worker came to this appointment with continued chronic neck and low back pain with radicular symptoms to her bilateral upper and lower extremities. On physical exam to the lumbar spine, the physician noted that there was tenderness to palpation throughout the lumbar spine and bilateral lumbar paraspinal regions, left worse than right. The fingers-to-the-floor distance was 16 inches; seated straight leg raise was positive on the left and negative on the right. The injured worker had reduced sensation to light touch in the L3, L4 and L5 distributions to the left lower extremity. Otherwise, sensation to light touch was grossly intact in the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN EPIDURAL STEROID INJECTION AT L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction in medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. The guidelines recommend no more than 2 ESIs. The injured worker stated that her back pain had largely returned to baseline. It was noted in the office note dated 10/03/2013 that the injured worker had undergone an epidural injection previously; however, the injured worker's condition has not changed since that time, and she has had some recent increased back pain and radiculopathy symptoms to the left lower extremity. The injured worker noted some improvement in her back for about a month after the previous injection. Given the patient has had a previous epidural injection with no documentation to verify the percentage of pain relief and for how long it was effective in order to determine the necessity and there was no documentation provided for review that supported a decrease in medication after the previous epidural injection, the request for epidural steroid injection at L5-S1 is non-certified.