

Case Number:	CM13-0064232		
Date Assigned:	01/15/2014	Date of Injury:	07/25/2008
Decision Date:	04/25/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/11/2013

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 Management, 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:

This is a female patient with a date of injury of July 25, 2008. An electrodiagnostic study dated April 19, 2011 identifies left active L5 denervation. An MRI dated October 2, 2008 identifies mild left L5-S1 neuroforaminal narrowing indenting the left traversing S1 nerve. An MRI dated August 26, 2013 identifies an L5-S1 disc protrusion indenting the left S1 nerve root. The progress report dated November 6, 2013 identifies subjective complaints of pain going into the left lower extremity. Objective examination findings identify decreased lumbar range of motion with tenderness to palpation on the lumbosacral junction and negative straight leg raise. Sensory examination revealed decreased sensation in the left S1 distribution with weakness with left toe raising. Diagnoses include left S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION AT S1: 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 Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain. Regarding repeat epidural injections, guidelines state that 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 6-8 weeks, with a general recommendation of no more than four blocks per region per year. Within the documentation available for review, there are recent subjective complaints and objective examination findings supporting a diagnosis of radiculopathy which is corroborated by imaging and electrodiagnostic studies. It appears the patient has previously undergone epidural steroid injection. There is no documentation indicating that the patient had at least 50% pain relief which lasted for at least 6-8 weeks with associated functional improvement and reduction in medication use as a result of that injection. In the absence of such documentation, the currently requested repeat lumbar epidural steroid injection S1 is not medically necessary.