

Case Number:	CM13-0065423		
Date Assigned:	01/03/2014	Date of Injury:	06/24/2008
Decision Date:	04/16/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine 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 47-year-old male with a reported date of injury on 06/24/2008. The patient presented with pain rated 6/10, allodynia, hyperpathia, dysesthesias, myofascial pain, limited range of motion of the lumbar spine, an improvement of symptoms after an epidural steroid injection. The patient had a negative straight leg raise bilaterally, 2/4 deep tendon reflexes bilaterally at the patellar and Achilles tendons as well as 5/5 motor strength in the lower extremities. The patient had diagnoses including chronic low back pain, chronic right foot pain, and a ventral hernia. The physician's treatment plan included a request for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints and Epidural Steroid Injections (ESIs).

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

Decision rationale: The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal

distribution with corroborative findings of radiculopathy). The guidelines note, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) and injections should be performed using fluoroscopy (live x-ray) for guidance. The guidelines note 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 six to eight weeks. It was noted the patient received a lumbar epidural steroid injection on 12/18/2012 which gave the patient prolonged relief of low back pain and proximal buttock and thigh pain. The patient had a negative straight leg raise, deep tendon reflexes rated 2/4 at the bilateral patellar and Achilles tendons, as well as 5/5 muscle strength in the lower extremities. Within the provided documentation, there was not an MRI of the patient's lumbar spine included. It was unclear if the patient had 50% pain relief with associated reduction of medication use for 6 to 8 weeks. It was unclear if the patient had objective functional improvement with the previous injection. Additionally, the submitted request did not indicate at which levels the injection was requested. Therefore, the request for lumbar epidural injection was neither medically necessary nor appropriate.