

Case Number:	CM13-0069586		
Date Assigned:	01/03/2014	Date of Injury:	04/27/2013
Decision Date:	04/23/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/23/2013

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 Sports Medicine, and is licensed to practice in New York and 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 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 patient is a 29-year-old male who reported an injury on 4/27/13. The mechanism of injury was pulling out an oven, which resulted in a shoulder injury and hand numbness. The clinical note dated 9/23/13 documented the patient stating that the trigger point injections have been helpful in making the right neck and upper back looser, but he continues to have right low back pain. The clinical notes stated that the patient saw [REDACTED] on 8/29/13 for his second trigger point injection, and saw him 9/23/13 for his third trigger point injection. The patient states the pain is even more evident during driving. The patient has had a total of 15 physical therapy sessions and 3 occupational therapy sessions, per documentation. Medications noted on clinical note include naproxen, Skelaxin, Tylenol as needed, topical analgesics as needed, and ice and heat as needed. An MRI of the lumbar spine without contrast dated 6/4/13 revealed disc disease at L5-S1. There is a small, central disc protrusion with a minimal caudal extension of disc material in the midline, compatible with a central contained herniation at the L5-S1 level. There is moderate bilateral facet joint hypertrophic bony overgrowth at the L5-S1 level. An MRI of the cervical spine without contrast dated 5/31/13 revealed minimal intervertebral disc disease and degenerative disc disease of the cervical spine, as well as straightening of the cervical lordosis. No significant central canal stenosis was appreciated at any level.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LUMBAR EPIDURAL STEROID INJECTION: 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 Page(s): 46.

Decision rationale: The California MTUS recommends epidural steroid injections for the treatment of radicular pain. Most guidelines recommend no more than two epidural steroid injections. Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electronic diagnostic testing. The patient should be initially unresponsive to conservative treatment such as exercise, physical methods, NSAIDs, and muscle relaxants. 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 use for 6-8 weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The documentation provided did not provide any conservative treatment that was responsive or unresponsive, per the patient. There were no levels of pain documented prior to the previous epidural steroid injections or after. The request for a lumbar epidural steroid injection does not meet the requirements by the California MTUS. Therefore, the request is non-certified.