

Case Number:	CM14-0000670		
Date Assigned:	01/22/2014	Date of Injury:	11/08/2010
Decision Date:	04/28/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational 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 patient is an employee of ██████████ dam and has submitted a claim for low back and left knee pain with an industrial injury date of November 8, 2010. Treatment to date has included medications, physical therapy, home exercises, low back brace, epidural injection, and knee surgery. Utilization review from December 20, 2013 modified the request for 3 lumbar epidural injections to be done 2 weeks apart to one lumbar epidural injection at L5-S1 because the guidelines do not support a series of 3 injections. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of low back pain, 7/10, and left knee pain, 9/10. On physical examination, the patient had a brace on. There was decreased range of motion of the lumbar spine and left knee and there was tenderness to palpation. An MRI of the lumbar spine dated December 5, 2013 showed disc desiccation involving L4-5 and L5-S1, grade I anterolisthesis of L4 over S1, and no central spinal canal stenosis is identified throughout.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 LUMBAR EPIDURAL INJECTIONS TO BE DONE 2 WEEKS APART: 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: According to page 46 of the Chronic Pain Medical Treatment Guidelines, epidural injections are not supported in the absence of objective radiculopathy. The criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection. In this case, the patient underwent previous lumbar epidural injection, but the degree of pain relief was not documented. In addition, there were no subjective or objective findings of the presence of radiculopathy. Moreover, an MRI dated December 5, 2013 did not show findings of nerve root pathology. There was also no discussion regarding treatment response to conservative management. The criteria have not been met; therefore, the request for 3 Lumbar Epidural Injections to be done 2 weeks apart is not medically necessary.