

Case Number:	CM14-0002719		
Date Assigned:	01/29/2014	Date of Injury:	10/21/2010
Decision Date:	06/19/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology Pain Medicine, and is licensed to practice in Florida. 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 55-year-old male who reported an injury on 10/21/2010 due to unknown mechanism. The clinical note dated 01/10/2014, indicated diagnoses of cervical spondylosis, lumbar radiculopathy and sciatica. The injured worker reported back pain with radicular symptoms that radiated to his right leg which included burning, numbness and tingling. On physical exam, there was tenderness and spasms of the lumbar spine with the right side at L4-L5, L5-S1 radiculopathy with numbness and tingling in the L4-L5 and L5-S1 distribution. The injured worker had mildly positive straight leg raise with slight weakness in plantar flexion. The clinical note dated 12/18/2013, indicated the injured worker received one (1) epidural steroid injection with three (3) months of relief. The medical regimen included Soma, Norco, Motrin and Nexium. The request for authorization was submitted on 01/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION, RIGHT L4-5, L5-S1, WITH FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESI),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTION Page(s): 46.

Decision rationale: The injured worker reported back pain with radicular symptoms that radiated to his right leg which included burning, numbness and tingling. The Chronic Pain Guidelines indicate, in the healing phase, repeat blocks should be based on continual objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six (6) to eight (8) weeks, with a general recommendation of no more than four (4) blocks per region per year. The injured worker does show radicular symptoms such as burning, tingling and numbness as well as a positive straight raise leg. However, the records indicate the injured worker had a previous epidural steroid injection with three (3) months of relief, yet the percentage of pain relief was not quantified in the records. In addition, there was a lack of documentation of reduction of pain medication in the records provided as well as lack of documentation of recent conservative care. Therefore, according to the guidelines, the request for lumbar epidural steroid injection, right L4-5, L5-S1, with fluoroscopy is not medically necessary.