

Case Number:	CM14-0002780		
Date Assigned:	01/29/2014	Date of Injury:	06/27/2012
Decision Date:	06/19/2014	UR Denial Date:	12/20/2013
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 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 patient with a date of injury of 6/27/12. A 1/15/14 medical report identifies low back pain status post her recent second lumbar spine epidural injection, which helped, but as soon as she increased her activities, she experienced a flare-up. She has numbness, tingling, pain, and spasms down the left leg, less frequent since the last injection. She is walking more. On exam, there is tenderness, positive straight leg raise bilaterally, and some limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTIONS LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.20-9792.26 EPIDURAL STEROID INJECTIONS (ESIS), PAGE 46 OF 127.

Decision rationale: The Chronic Pain Medical Treatment 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, the patient was noted to receive some unquantified pain relief from the most recent injection (#2) and she is walking more. However, there is no clear documentation of quantified pain relief of at least 50% with functional improvement and reduction of medication use lasting at least six weeks after the prior injection. As such, the request is not medically necessary.