

Case Number:	CM14-0002848		
Date Assigned:	01/29/2014	Date of Injury:	01/24/2013
Decision Date:	06/23/2014	UR Denial Date:	12/10/2013
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 & Rehabilitation 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 injured worker is a 67 year old female with an injury reported on 01/24/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/28/2014, reported that the injured worker complained of low back and right leg pain. The physical examination findings reported focal tenderness to the right lumbosacral junction extending toward the L4 level. It was reported that the injured worker received an epidural steroid injection to her right L5-S1. The injured worker reported significant pain relief for approximately 10 days, with a 75-80% relief of her pain. The injured worker's diagnoses included right L5 radiculopathy with focal weakness; L5-S1 fusion with residual foraminal stenosis. The request for authorization date was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECT SPINE LUMBAR/SACRAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid inject.

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

Decision rationale: The request for inject spine lumbar/sacral is non-certified. The injured worker complained of low back and right leg pain. It was reported that the injured worker received an epidural steroid injection to her right L5-S1 region with significant pain relief for approximately 10 days, with a 75-80% relief of her pain. According to the California MTUS guidelines for epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. It was noted that the injured worker has a diagnosis of right L5 radiculopathy; however, there is a lack of clinical evidence and imaging to indicate radiculopathy. There is also a lack of clinical information provided indicating the injured worker's unresponsiveness to exercises, therapy and medications. It was unclear if there was a reduction of medication use for six to eight weeks after the previous injection. Furthermore, the requesting physician did not indicate the specific location of the injection. Moreover, the requesting physician did not indicate specific type of injection to be utilized. Thus, the request is non-certified.