

Case Number:	CM14-0005497		
Date Assigned:	01/24/2014	Date of Injury:	03/24/1997
Decision Date:	06/19/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/13/2014

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:

This patient is a 50 year old male with a date of injury of 03/24/1997. The listed diagnoses per [REDACTED] are: Radiculitis, thoracic and lumbar spine, and PLPS, lumbar spine. According to the 12/13/2013 progress report by [REDACTED], the patient presents with lower back pain and PLPS. The patient is having an increase in pain and has responded well to epidural injection in the past. The patient's symptoms include constant burning, stabbing, throbbing, shooting, pins and needles, tingling, sharp, and aching pain. Examination reveals, "Sensation is unchanged in the lower extremities. Gait is slow." There is no further examination findings reported. Treatment plan includes, "Obtain authorization for booster ESI for complaints of worsening pain." A progress report dated 11/15/2013 also does not provide any substantial findings on physical examination of the lower back. A utilization review determination denied the request for caudal lumbar epidural steroid injection on 12/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL LUMBAR EPIDURAL STEROID INJECTION: 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, EPIDURAL STEROID INJECTIONS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 47.

Decision rationale: This patient presents with continued low back pain. The request is for a lumbar epidural steroid injection (ESI) as previous epidural injection had provided relief. The medical records provided for review dating from 01/16/2013 to 12/13/2013 do not include any operative reports from a prior epidural injection. The MTUS Chronic Pain Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." For repeat injections during therapeutic phase, "Continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year". In this case, the patient does not present with radicular pain and there are no MRI findings that corroborate the patient's radicular complaints. In addition, there is no documentation of at least 50% pain relief and reduction of medication from prior injection as required by the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.