

Case Number:	CM14-0005751		
Date Assigned:	02/05/2014	Date of Injury:	07/14/2013
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/15/2014

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 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 a 27-year-old male who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of July 14, 2013. Medical records from 2013 were reviewed. The patient complained of persistent lumbosacral pain aggravated by sitting. Physical examination showed positive SLR and weakness of plantar flexion on the right. Treatment to date has included NSAIDs, opioids, and lumbar epidural steroid injection (11/8/13). Utilization review from December 26, 2013 denied the request for inject spine lumbar/sacral because documentation regarding reduction of pain medications and the patient returning to work were lacking.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECT SPINE LUMBAR/ SACRAL, SECOND CAUDAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009, 9792.24.2, Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, the criteria for use of epidural steroid injections include: no more than two nerve root levels should be injected, repeat blocks should be based on continued objective functional improvement including at least 50% pain relief, with associated reduction in medication use for 6-8 weeks. In this case, the patient had a lumbar epidural steroid injection last November 8, 2013. Most recent progress note, dated November 12, 2013, reported that the lumbosacral pain was persistent and the patient cannot state whether the injection provided pain relief or not. There was no documentation of oral pain medication reduction. In addition, levels for steroid injection were not indicated in this request. Therefore, the request for lumbar/sacral second caudal epidural steroid injection is not medically necessary.