MAXIMUS Federal Services

Case Number:	CM14-0100644		
Date Assigned:	09/24/2014	Date of Injury:	07/24/2006
Decision Date:	11/25/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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 Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is status post work-related injury occurring on 07/24/06 and continues to be treated for headaches and radiating neck and low back pain. The injured worker was seen on 03/20/14 and was having neck and low back pain radiating into the left greater than right upper and lower extremity. She had a history of a colostomy reversal in March 2014. An MRI of the lumbar spine is referenced as having shown an L4-5 disc protrusion with annular tear. She had worsening urinary incontinence. Medications were tramadol, Norco, Pennsaid, Flector, Lidoderm, Neurontin, Colace and Senna. Physical examination findings included a normal gait. Medications were prescribed. The assessment references consideration of procedures including a cervical epidural steroid injection, left-sided medial branch blocks, and bilateral lumbar transforaminal epidural steroid injections. On 06/02/14 she was having ongoing symptoms. She was requesting a repeat lumbar epidural injection. A prior injection on 11/12/13 is referenced as having provided up to 70% pain relief lasting for up to 3-4 months with improvement in function, quality of life, and decreased medication use. Pain was rated at "10+/10" without medications and 7/10 with medications. She was having difficulty performing activities of daily living. Physical examination findings included cervical and lumbar spine tenderness and tightness with decreased range of motion. Straight leg raising was positive bilaterally. There were left upper and bilateral lower extremity dysesthesias. Authorization for the repeat epidural steroid injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Bilateral L4-5, L5-S1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant is more than 8 years status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. A prior epidural steroid injection In November 2013 provided up to 70% pain relief lasting for up to 3-4 months with improvement in function, quality of life, and decreased medication use. When seen by the requesting provider, the claimant had positive straight leg raising bilaterally with bilateral lower extremity dysesthesias.Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections 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. In this case, the requested epidural injections are within applicable guidelines and therefore are considered medically necessary.