

Case Number:	CM14-0107036		
Date Assigned:	08/01/2014	Date of Injury:	01/12/2013
Decision Date:	09/16/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/10/2014

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 female patient with a date of injury of January 12, 2013. A utilization review determination dated June 26, 2014 recommends non-certification of a lumbar epidural steroid injection at L5 - S1. A progress note dated June 10, 2014 identifies subjective complaints of lumbar spine pain that radiates to bilateral lower extremities and the mid thoracic region. Physical examination of the lumbar spine identifies palpable step off at spondylolisthesis, flexion at 15, and extension at 10. An x-ray of the lumbar spine dated June 9, 2014 identifies grade 1 spondylolisthesis with pars defect. The diagnoses is L5 - S1 spondylolisthesis grade I with bilateral pars defect. The treatment plan recommends a request for medical records including MRI and CT scans of the lumbar spine, request for authorization for a lumbar epidural steroid injection at L5 - S1, a prescription for naproxen 500 mg #60, and a prescription for Flexeril 5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1: Upheld

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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for a lumbar epidural steroid injection at L5-S1, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are non-specific subjective complaints of lower extremity pain, and there are no objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. Furthermore, there is no statement indicating a trial of conservative treatment. In the absence of such documentation, the currently requested lumbar epidural steroid injection at L5-S1 is not medically necessary.