

Case Number:	CM14-0012231		
Date Assigned:	02/21/2014	Date of Injury:	01/31/2008
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 33-year-old female who states that she sustained a work-related injury to her lower back while participating in a physical training program on January 21, 2008. Prior treatment has included referral to an orthopedic specialist. It was stated that there was failure to improve conservative treatment. An MRI of the lumbar spine showed degenerative disc disease at the L4-L5 and L5-S1 level. Previous surgery was performed to include a right sided L5 hemilaminectomy and lumbar discectomy of the L5-S1 region. A previous caudal epidural was performed on December 12, 2013, which was stated to have provided 50 to 60% pain relief. There was no reported decrease in opioid usage after this procedure. The injured employee was seen most recently on January 31, 2014. Current complaint includes pain in the mid and lower back region radiating to the right leg. The physical examination on this date noted no tenderness to the lumbar spine region. There was a positive straight leg test and decreased sensation to the left lower extremity at the L1, L3, and L4 nerve distributions. There was a diagnosis of lumbosacral radiculitis and lumbar spine degenerative disc disease. There was a request for physical therapy two times per week for six weeks, and prescriptions were written for Lyrica, Cymbalta, and Lunesta. A previous independent medical review was performed on January 21, 2014, which did not certify a repeat lumbar caudal epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION- STEROID REPEAT LUMBAR CAUDAL EPIDURAL WITH CATHETER:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

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

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) guidelines state that epidural steroid injections are treatment option for radicular pain. The previous epidural steroid injection, received by the injured worker, was not stated to provide at least 50% pain relief for 6 to 8 weeks' time, increase functional improvement or decrease medication usage. This type of benefit must be realized in order to justify repeat lumbar epidural steroid injections. As the injured worker did not achieve this magnitude of improvement, this request for an additional lumbar epidural steroid injection is not clinically indicated.