

Case Number:	CM14-0012437		
Date Assigned:	02/21/2014	Date of Injury:	02/17/2007
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
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 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 underlying date of injury in this case is 02/17/2007. The primary diagnosis is thoracolumbar intervertebral disc degeneration. The patient is status post an L4-L5 laminectomy with discectomy and fusion and also has a history of an L5-S1 disc bulge/protrusion and underlying myofascial pain and lumbar radiculitis. Previously a lumbar epidural injection in 2011 as well as November/December 2013 were reported to result in 90% pain relief for 1 week. On 01/06/2014, the treating physician saw the patient in followup and noted the patient had ongoing pain and was interested in a repeat epidural injection. The patient reported that his back pain was improved by 90% for about a week after a prior epidural injection and this his pain returned. Straight leg raising was noted along the lumbar paraspinals and iliolumbar and sacroiliac regions. Straight leg raising was equivocal with back pain produced. Neurological exam was intact. Lumbar epidural injection was recommended via a caudal approach towards the more symptomatic left side. The patient's prior epidural injections occurred in 2011 as well as in November/December 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL ESI X1 FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Section on Epidural Injections Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on epidural injections states that in the therapeutic phase repeat epidural injection should be based on continued objective documented pain and functional improvement including at least 50% pain relief with medication reduction for 6-8 weeks. The medical records in this case do not meet this standard. The records do discuss 90% pain relief but only for a week, and the medical records do not verifiably document reduction in medication use or specific function improvement at that time. Overall the medical records and treatment guidelines do not support an indication for the requested repeat epidural injection. This request is not medically necessary.