

Case Number:	CM14-0013718		
Date Assigned:	02/26/2014	Date of Injury:	01/30/2009
Decision Date:	07/14/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	02/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, 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 Physician 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 65-year-old female patient with a 1/30/09 date of injury. The 12/4/13 progress report indicates that the patient continues with pain in the cervical spine, mid back, and lumbar spine. Physical exam demonstrates positive SLR, lumbar tenderness, unremarkable lower extremity neurologic exam. Treatment to date has included lumbar ESI, acupuncture, medication. There is documentation of a previous 12/31/13 adverse determination for lack of assessment of response to previous lumbar ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION X1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Guidelines Epidural Steroid Injections Page(s): 6. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides, Radiculopathy.

Decision rationale: The California MTUS guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, California MTUS criteria for the use of

epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, the injured worker's objective functional response to previous injection was not adequately assessed in terms of quantity and duration of pain relief, increase in functional capacity, and decrease in medication consumption. There were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. Formal imaging reports were not provided for review. Therefore, the request for a Lumbar Epidural Injection X1 was not medically necessary.