

Case Number:	CM14-0014012		
Date Assigned:	02/26/2014	Date of Injury:	01/14/2005
Decision Date:	07/11/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/04/2014

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 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 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:

Patient is a 58-year-old female who has submitted a claim for lumbar degenerative disc disease, status post lumbar surgery, chronic pain syndrome, cervical sprain/strain, and knee sprain/strain associated with an industrial injury date of January 14, 2005. Medical records from 2013 were reviewed. Patient complained of low back pain, graded 8/10 in severity, and relieved upon intake of medications. Patient denied bowel or bladder changes. Physical examination revealed tenderness, restricted lumbar range of motion, and diminished sensation at bilateral lower extremities. Treatment to date has included lumbar epidural steroid injections, and medications such as Celebrex, Norco, sumatriptan, topiramate, and tizanidine. Utilization review from January 15, 2014 denied the request for lumbar epidural steroid injection because there was no adequate documentation of functional improvement with previous injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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. In this case, patient complained of persistent low back pain radiating to bilateral lower extremities. However, utilization review from January 15, 2014 state that the patient underwent previous epidural steroid injections. There was no documentation concerning pain relief or functional improvement. Moreover, there was no comprehensive neurologic examination to support symptoms of radiculopathy. There is likewise no available imaging or electrodiagnostic study for review. Guideline criteria were not met. Therefore, the request for LESI is not medically necessary.