

Case Number:	CM14-0016725		
Date Assigned:	04/11/2014	Date of Injury:	03/21/2011
Decision Date:	05/28/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/10/2014

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 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:

The patient is a [REDACTED] employee who has filed a claim for cervical strain and low back pain associated with an industrial injury of March 21, 2011. Thus far, the patient has been treated with NSAIDs, opioids, muscle relaxants, physical therapy, home exercise program, and injection to the back (type and date not documented) with 15% relief for 1 month and another in December 2013 with 25% relief. In a utilization review report of January 13, 2014, the claims administrator denied a request for lumbar epidural steroid injection as criteria for repeat blocks have not been met. Review of progress notes indicates that after the latest epidural steroid injection, there is low back pain radiating into the right lower extremity with limited lumbar range of motion. MRI from February 14, 2012 indicated lumbosacral degenerative disc disease with foraminal encroachment but no nerve root compromise. Patient also experiences symptoms of anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTIONS: 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.

Decision rationale: As noted on page 300 of the MTUS ACOEM Guidelines and page 46 of Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. 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. In this case, there is documentation of a previous steroid injection with unspecified date and level, with only 15% relief for 1 month, and another one in December 2013 with 25% relief of symptoms. In addition, the specified levels for the lumbar epidural steroid injections are not indicated with the request. Therefore, the request for lumbar epidural steroid injections was not medically necessary at this time.