

Case Number:	CM14-0110282		
Date Assigned:	09/16/2014	Date of Injury:	12/23/2013
Decision Date:	10/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/15/2014

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 Family 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:

This is a 44 year old male with a 12/23/13 injury date. The mechanism of injury was not provided. In a follow-up on 6/10/14, the patient notes marked improvement for one week after having a lumbar epidural steroid injection. The pain is rated 8/10 and he was ambulating with a cane and has an antalgic gait. Objective findings included tenderness in the paralumbar muscles with spasms, 4/5 strength in all lower extremity muscle groups, and inability to do heel or toe walking. Reflexes were symmetric, there was atrophy with the right quadriceps muscle, and there was decreased sensation in the right L5 dermatome. Diagnostic impression: lumbar radiculopathy. Treatment to date: lumbar epidural steroid injection (6/4/14), medications, physical therapy, lumbar laminectomy. A UR decision on 6/18/14 denied the request for epidural injection on the basis that there was no documentation of duration of pain relief and objective functional gains after the previous injection; therefore, a repeat injection is not supported. The request for medrol dose pack was denied on the basis that guidelines do not recommend it for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dosepak: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low back procedure and Pain Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter.

Decision rationale: CA MTUS does not address this issue. ODG criteria for oral/parenteral steroids for low back pain include clinical radiculopathy; risks of steroids should be discussed with the patient and documented in the record; and treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. In the present case, the latest follow-up note indicates one week of relief after an epidural steroid injection. Therefore, the patient does not appear to be in either the acute phase or acute-on-chronic phase of injury. In addition, it is not advisable to administer oral steroids so soon after they were given by injection. Therefore, the request for Medrol dose-pak is not medically necessary.

Epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC low back procedure

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

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA 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. In the present case, there is no documentation of continued pain relief after the first week post-injection follow-up. There is no documentation of objective functional gains made after the first injection. A repeat injection is not supported at this time. Therefore, the request for an epidural injection is not medically necessary.