

Case Number:	CM14-0113892		
Date Assigned:	08/01/2014	Date of Injury:	12/07/2011
Decision Date:	10/03/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old female with a 12/7/11 date of injury, when she injured her lower back, buttocks and right leg while lifting heavy items. The patient was seen on 7/10/14 with continued lower back pain. The note stated the patient received 2 epidural injections in the past with some benefit. The physical examination revealed: limited active range of motion of the thoracolumbar spine with forward flexion of 45 degrees, extension of 10 degrees and left and right lateral bending of 15 degrees. Straight leg raising test was moderately positive on the left and negative on the right. The patient was seen on 8/6/14 with complaints of moderate pain in the back radiating into the buttocks and down into the right lowers extremity. Exam findings revealed difficulty in heel walking, weakness of the ankle dorsiflexors and positive straight raising test bilaterally, right greater than left. The diagnosis is lumbar spinal stenosis, lumbar strain and spondylolisthesis. Treatment to date: physical therapy, epidural steroid injection at right L4-L5 and L5-S1, An adverse determination was received on 7/10/14 given that the patient had epidural steroid injection before and that there was no explicit documentation of the duration or percentage of improvement from prior epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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. The progress note dated 7/10/14 indicated that the patient received 2 lumbar epidural injections with some benefit. However, there is a lack of documentation indicating what percentage of improvement the patient received and how long the improvement lasted. In addition the site and level of the injection was not specified in the request. Therefore, the request for Outpatient lumbar epidural steroid injection under fluoroscopy was not medically necessary.