

Case Number:	CM14-0115330		
Date Assigned:	08/04/2014	Date of Injury:	11/21/2011
Decision Date:	09/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 40-year-old male who reported an injury on 11/21/2011. The mechanism of injury was the injured worker was building a laundry room inside of an apartment complex and was unloading wood and drywall for 1 hour, and he bent over at the waist attempting to lift a 50-60 pound piece of lumbar from the floor. The injured worker experienced low back pain radiating to the waist and buttocks. The injured worker's diagnoses included lumbar disc degeneration, chronic pain other, lumbar disc displacement, and lumbar radiculopathy as well as an L4-5 annular tear. The injured worker was noted to have undergone an MRI of the lumbar spine and electrodiagnostic studies. The surgical history was not provided. The injured worker was noted to be previously treated with activity modification, medication management, physical therapy, and 2 prior epidural steroid injections. The injured worker's medication history included lorazepam 1 mg, Norco 10/325, and Zolpidem Tartrate. The clinical documentation of 05/12/2014 revealed the injured worker had low back pain radiating down the bilateral lower extremities. The documentation indicated the injured worker had a lumbar epidural steroid injection with a minimal 5% to 20% improvement on 01/10/2014. The injured worker reported good functional improvement and improved mobility. The documentation indicated the injured worker had 2 epidurals, with a minimal relief from the first 1 but the second 1 was noted to help with numbness, and the injured worker no longer had numbness and tingling. The medications included Norco and Ambien. The physical examination revealed tenderness upon palpation to the spinal vertebral areas at L4-S1. The straight leg raise was positive in the bilateral lower extremities at 45 degrees with the injured worker in the supine position. The treatment plan included a lumbar transforaminal epidural steroid injection bilaterally at L4-S1 as the injured worker had a positive response to the prior lumbar epidural steroid injection. There was a DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 transforaminal epidural steroid injection, quantity 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections Page(s): 46.

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

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of at least 50% decrease in pain with an associated medication reduction use for 6 to 8 weeks. There should be documentation of objective functional improvement. The current research does not support a series of three injections and as such, the guidelines recommend no more than 2 injections. The clinical documentation submitted for review failed to meet the above criteria. It was indicated the injured worker had an objective functional improvement and a decrease of pain of 20%. However, there was a lack of documentation indicating the duration of the functional improvement as well as documentation of the reduction of medication use. Additionally, the request as submitted failed to indicate what quantity 4 meant, as a series of 3 injections is not recommended. Given the above, the request for a bilateral L4-S1 transforaminal epidural steroid injection, quantity 4, is not medically necessary.