

Case Number:	CM14-0125064		
Date Assigned:	09/16/2014	Date of Injury:	02/24/2012
Decision Date:	12/31/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 injured worker is a 45 year old female with a date of injury as 02/24/2012. The current diagnoses are severe bilateral foraminal narrowing L5-S1 with right radiculopathy, right ankle pain, and right knee pain. Previous treatments include multiple medications, electromyogram on 06/06/2014, and Magnetic Resonance Imaging (MRI) in 02/2013 report was not included. Primary treating physician's reports dated 01/17/2014 through 07/17/2014 were included in the documentation submitted for review. Report dated 01/17/2014 notes the results of the Magnetic Resonance Imaging (MRI) performed in 02/2013 as demonstrating severe lumbar foraminal stenosis at the L5-S1 level. It was noted that she continues to have severe right lumbar radicular pain. Physical examination revealed tenderness and limited Range of Motion (ROM), positive straight leg raise on the right and absent ankle jerk on the right with hyperesthesia in the S1 distribution. Report dated 07/17/2014 notes that the injured worker presented with complaints of low back pain with right lower extremity symptoms with a pain level of 6 out of 10, cervical pain with right upper extremity symptoms with a pain level of 6 out of 10, right ankle pain with a pain level of 5 out of 10, and right knee pain with a pain level of 5 out of 10. Physical examination revealed tenderness in the lumbar spine, decreased lumbar Range of Motion (ROM), cervical exam was unchanged from prior assessments, and positive straight leg raise on the right. The physician noted that the right radicular component remains refractory to treatment, and review of the electromyogram performed on 06/06/2014 was unremarkable. The injured worker was to continue use of the medications which includes cyclobenzaprine, Tramadol, naproxen, and pantoprazole. The documentation submitted supports that the injured worker's pain level have ranged between 10 out 10 pain level in February to 6 out of 10 in July. The injured worker is temporarily totally disabled. The utilization review performed on 07/11/2014 non-certified a

prescription for Trial of 3 Lumbar epidural steroid injections L5-S1 based on medical necessity of the reviewed documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of 3 Lumbar epidural steroid injections L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Request is for a series of 3 lumbar epidural steroid injections. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. A series of 3 lumbar epidurals is beyond what is recommended by the guidelines. Current recommendation is for one lumbar epidural with certification of a second epidural contingent on the clinical response from the first epidural. While the request for a lumbar epidural meets guideline criteria, the quantity requested exceeds MTUS guidelines. The request is not medically necessary.