

Case Number:	CM14-0125761		
Date Assigned:	08/13/2014	Date of Injury:	02/11/2000
Decision Date:	09/11/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/08/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 male patient with a date of injury of February 11, 2000. A utilization review determination dated July 31, 2014 recommends non-certification of a lumbar epidural steroid injection. A progress note dated July 10, 2014 identifies subjective complaints of another recurrent flare-up of chronic back pain and radiculopathy. The patient has known lumbar HNP which has been stable with periodic lumbar epidural steroid injections. The patient reports a therapeutic response to lumbar epidural steroid injections of about 70 to 80% relief of pain and improvement of function for at least 3-4 months. Following epidural steroid injections he also uses his pain medications less frequently. He is currently reporting pain in his back and legs that limit his activities of daily living and he reaches pain of about a 7 - 8/10. His current medications include Lorcet 10/650 PRN and Prilosec 20 mg PRN. Physical examination identifies moderate tenderness to palpation at L 4 - 5/L 5 - S 1 and facet region, moderate tenderness with palpation of bilateral erector spinae muscles and bilateral gluteus maximus, the lumbar spine flexion in the 80, lumbar extension is at 80, lateral bend of the lumbar spine is 70, lumbar spine rotation is at 70, range of motion elicits mild low back pain, sensation is decreased at left L4 and L5 distribution, muscle testing is 5/5, and there is a positive left lower extremity straight leg raise at 70. Diagnoses include lumbar HNP at L4-5/L5-S1, lower extremity radiculopathy, and lumbar facet syndrome. The treatment plan recommends a trial of a lumbar epidural steroid injection, prescription refill for Lorcet 10/650 #60 and Prilosec 20mg #30, and continue with home exercise regimen and weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid injection: 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): 469.

Decision rationale: Regarding the request for a lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines indicate that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no recent subjective complaints supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. Furthermore, there is no documentation of trial and failure of conservative treatment such as physical therapy, HEP, or pain medications; and the level for the requested lumbar epidural steroid injection was not specified. In the absence of such documentation, the currently requested Lumbar Epidural Steroid Injection is not medically necessary.