

Case Number:	CM14-0150709		
Date Assigned:	09/19/2014	Date of Injury:	03/12/2013
Decision Date:	10/20/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/16/2014

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. 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:

Medical records reflect the claimant is a 62 year old female who sustained a work injury on 3-12-13. The claimant underwent a lumbar epidural steroid injection at L4-L5 on 6-26-14. Office visit on 7-29-14 notes the claimant had improvement with the first set of injections. The claimant reported pain as 6/10. The claimant had full range of motion, negative SLR (straight leg raise), normal reflexes, normal strength, and sensation intact. On 8-20-14, the claimant underwent a second L4-L5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet/fluoro injection of the left L3-4, L4-5 and L5-S1 (steroid #3): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar chapter - epidural steroid injection

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that in the therapeutic phase, 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. It is further noted that current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. They recommend no more than 2 ESI injections. This claimant has had two epidural steroid injections with the most recent done on 8-2-14 and no documentation noting pain relief of more than 50% for 6-8 weeks. Additionally, a series of three injections is not indicated. Additionally the request is for Lumbar facet/fluoro injection of the left L3-4, L4-5 and L5-S1 (steroid #3). It is not clear of the request is for facet injections or for a third epidural steroid injection. There is an absence in documentation noting facet mediated pain to support facet injections. Three level of facet injections is not supported and radicular pain is a contraindication for facet injections. Therefore, the medical necessity of this request is not established.