

Case Number:	CM14-0152733		
Date Assigned:	09/22/2014	Date of Injury:	07/27/2007
Decision Date:	10/22/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/18/2014

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, 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 patient with a date of injury of 7/27/07. A utilization review determination dated 9/4/14 recommended non-certification of epidural steroid injections (ESI) x 3. A 7/16/14 medical report identifies back pain rated 5/10 radiating to the right anterior and posterior thigh, right calf, and right foot with stiffness, paravertebral muscle spasm, and numbness in the legs. The injured worker had some pain relief in the past with epidural injections, most recently over 5 years ago. On exam, there is tenderness. Recommendations include ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injections to lumbar spine x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for lumbar epidural steroid injections x 3, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no

more than one interlaminar level, or two transforaminal levels, should be injected at one session. 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. A series of injections is not recommended. Within the documentation available for review, there are no current objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. The patient was said to have obtained some pain relief with ESI over 5 years ago, but that relief was not quantified, and there is no indication of functional improvement and decreased pain medication usage as a result. Furthermore, a series of injections is not supported. In light of the above issues, the currently requested lumbar epidural steroid injections x 3 are not medically necessary.