

Case Number:	CM14-0154906		
Date Assigned:	09/25/2014	Date of Injury:	03/30/2012
Decision Date:	11/10/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/22/2014

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 49 years old female who reported an injury on 03/30/2013. The mechanism of injury was not reported. The injured worker is diagnosed with lumbar disc herniation, lumbar radiculopathy and facet arthropathy. The past treatments included medications, physical therapy and a lumbar epidural steroid injection. Diagnostic studies were not provided within the documentation available for review. The injured worker had a lumbar epidural steroid injection on 03/11/14. The clinical note dated 08/13/2014, indicated the injured worker reported 50% improvement in her symptoms which were returning. The injured worker reported numbness and tingling radiating to the big toe, rated at 7-8/10. The physical examination of the lumbar spine on 08/13/2014, rang of motion at flexion to 40 degrees, extension to 15 degrees, right lateral flexion to 20 degrees and left lateral flexion to 25 degrees. The medication regimen was not provided. The treatment plan included lumbar epidural steroid injection. The request for authorization for lumbar epidural steroid injection was submitted on 08/13/2014. The rationale for the request was not provided.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (OCG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

Decision rationale: The request for lumbar epidural steroid injection is not medically necessary. The California MTUS guidelines recommend Epidural steroid injections for the treatment of radicular pain. The criteria for the use of epidural steroid injections includes: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker should be initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance. 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, with a general recommendation of no more than 4 blocks per region per year. The injured worker had a lumbar epidural steroid injection on 03/11/2014. The documentation submitted for review states upon physical examination on 04/14/2014 she had 50 % improvement of her symptoms but the relief was short lived. Additionally, a physical examination on 05/07/2014 reports 50% improvement after initial lumbar epidural steroid injection on 03/11/14, with pain rated at 6-8/10 at the 05/05/2014. The California MTUS guidelines state 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. Based on the documentation submitted for review, there is a lack of documentation related to the obtaining 50% pain relief with associated reduction of medication for six to eight weeks. As such, the request for lumbar epidural steroid injection is not medically necessary.