

Case Number:	CM14-0165390		
Date Assigned:	10/09/2014	Date of Injury:	09/27/2012
Decision Date:	11/24/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family Medicine, and is licensed to practice in Florida. 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 patient is a 39-year-old male with a date of injury of 9/27/2012. The mechanism of injury reported was repetitive injury as a painter. He had an MRI showing positive lumbar disk herniation at L4/L5 and L5/S1. A lumbar epidural injection was requested at L4/5 and L5/S1 due to severe chronic pain that had failed to respond to other conservative measures. This requested procedure was approved and successfully performed on 5/5/2014. Status post this injection he was noted to have "50-55% relief of pain" with an eventual recurrence of symptoms, prompting a repeat lumbar epidural steroid injection at the same levels on 7/19/2014. A utilization reviewer did not certify the 2nd epidural steroid injection stating that "in the absence of documentation of a clinical examination and functional assessment following the prior set of epidural steroid injections (those performed following the authorization of 4/4/2014) the medical necessity for repeating and or expanding the number of procedures performed cannot be established based upon the clinical guidelines and/or clinical data submitted at this time." The utilization reviewer is correct that no physical exam/office visit records were provided between the two epidural steroid injection procedure reports. The second epidural steroid injection procedure report has a one-line statement regarding the reason the procedure is being repeated is that the patient had a 50-55% relief of symptoms after having the first injection. Likewise, the utilization review physician did not certify the repeat L4/L5 and L5/S1 epidural steroid injection procedure. An independent medical exam has now been requested to determine the medical necessity of this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI, L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 80.

Decision rationale: In accordance with MTUS guidelines, the criteria for epidural steroid injections states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief." While this patient did experience 50% pain relief, it is true that there is no documentation that has been provided of a physical exam/functional assessment following the first epidural steroid injection. If such an office note showing a physical exam/functional assessment following the first steroid injection can be provided then this case should be re-evaluated. Unfortunately, at this time, based off the documentation that has been provided, this request is considered not medically necessary.