

Case Number:	CM14-0167649		
Date Assigned:	10/14/2014	Date of Injury:	05/31/2013
Decision Date:	11/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

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 Medicine 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 5/31/13. A utilization review determination dated 9/30/14 recommends non-certification of lumbar ESI. 2/27/14 lumbar spine MRI notes an L5-S1 disc protrusion annular tear with moderate neural foraminal narrowing bilaterally with impingement on the L5 and S1 nerve roots and moderate central spinal canal stenosis. At L4-5, there is a disc protrusion with an annular tear with moderate to severe lateral recess stenosis and neural foraminal narrowing bilaterally with impingement on the L4 and L5 nerve roots bilaterally and moderate central canal stenosis. 8/28/14 medical report identifies numbness in the left leg from the knee to the ankle. 7/31/14 medical report identifies low back pain radiating to the LLE. On exam, there is decreased sensation posterolateral thigh and leg (L4 and L5), weakness 4/5 left knee extension and EHL, and positive SLR on the left. Recommendation was for left L4-5 and L5-S1 transforaminal epidural steroid injection x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injections time two (2): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 46.

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 2, 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. 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. They recommend against a series of injections, noting that a second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. Within the documentation available for review, there is documentation of radicular symptoms with corroborative exam and imaging findings. However, the current request appears to be for a series of two injections and, as outlined above, a second injection is not recommended if there is inadequate response to the first block. This cannot be predicted prior to the initial injection and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the request for Lumbar Epidural Steroid Injections x 2 are not medically necessary.