MAXIMUS Federal Services

Case Number:	CM14-0171502		
Date Assigned:	10/23/2014	Date of Injury:	05/24/2011
Decision Date:	11/25/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/16/2014

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, 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 37-year-old female who sustained a remote industrial injury on 05/24/11 diagnosed with lumbosacral sprain/strain, depression, stress, and a 4mm disc bulge at L5-S1. Mechanism of injury occurred when the patient was lifting a heavy box while on the job, resulting in pain in her back. The request for single lumbar/caudal epidural with fluoroscopy at L5-S1 was non-certified at utilization review due to the lack of documentation of greater than 50% pain relief for 6 to 8 weeks with the previous injection performed on 04/29/14 and the lack of documentation of radicular symptoms and findings in the physical examination. The most recent progress note provided is 10/06/14. Patient complains primarily of severe low back pain with radiation to the bilateral feet. Physical exam findings reveal palpable tenderness in the lumbar spine, spasm in the lumbar spine, and decreased range of motion of the lumbar spine. Current medications are not listed. It is noted that the treating physician is requesting authorization for a pain management consultation for a lumbar spine series of epidural injections. Provided documents include several previous progress reports, agreed medical evaluation supplemental reports, several requests for authorization, urine drug testing reports, psychiatric progress notes, and an operative report dated 04/29/14 that details a lumbar epidural state injection at L5-S1. In the progress note dated 07/12/13, it is noted that the patient has undergone two lumbar epidural steroid injections with the first not providing any relief and the second reducing the pain by 50% for 2-3 weeks, while on 04/17/13 it is noted that the patient received temporary relief for several days after both of these injections. On 03/17/14, the treating physician is requesting authorization for a third epidural steroid injection. The patient's previous treatments include several epidural steroid injections, physical therapy, chiropractic therapy, acupuncture, Toradol injections, and medications. Imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single Lumbar/Caudal Epidural w/Fluoroscopy at L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Title 8, California Code of Regulations, section 9792.6

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

Decision rationale: According to California MTUS guidelines, "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." In this case, provided documents highlight the patient has undergone several lumbar epidural steroid injections with the most recent one performed on 04/29/14. However, the progress reports following this injection do not document any pain relief, functional improvement, or associated reduction of medication use obtained as a result of this procedure. Further, the most recent progress report does not document any radicular findings in the physical exam. Due to this lack of documentation of 50% pain relief and functional improvement from the most recent lumbar epidural steroid injection, a repeat lumbar epidural steroid injection cannot be supported by MTUS guidelines and Single Lumbar/Caudal Epidural with Fluoroscopy at L5-S1 is not medically necessary.