

Case Number:	CM14-0171980		
Date Assigned:	10/23/2014	Date of Injury:	08/28/2011
Decision Date:	12/24/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/17/2014

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 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 underlying date of injury in this case is 08/28/2011. The date of the prior physician review under appeal is 09/26/2014. On 05/02/2014, a procedure note indicates the patient underwent an L5-S1 epidural injection for the diagnosis of lumbar degenerative disc disease. As of 06/18/2014, a primary treating physician follow-up indicates that the patient had a chronic pain syndrome and lumbar strain. Ongoing opioid pain management was recommended. On 09/23/2014, the patient was seen in pain management follow-up. The treating physician noted that the patient's prior epidural injection reduced her pain by 70% over 4-1/2 months and that the patient's low back pain and right leg radicular symptoms were returning. The patient was encouraged to continue activities as tolerated. A repeat epidural injection was recommended. On exam, the patient was noted to have decreased range of motion of the back with an antalgic gait using a crutch under the left arm. The patient was noted to have right leg radicular symptoms, although no specific objective neurological deficits were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection under fluoroscopy with monitored sedation: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, state that repeat epidural injections should be based on continued objective documentation of pain and functional improvement, including at least 50% pain relief with reduction of medication use for 6-8 weeks. The medical records in this case contain some documentation of subjective improvement of pain from a prior epidural injection; however, the medical records do not document specific objective improvement in function or reduction in medication usage. The treatment guidelines have not been met to support an indication of benefit from a repeat epidural injection. This request is not medically necessary.