

Case Number:	CM14-0172438		
Date Assigned:	10/23/2014	Date of Injury:	07/17/2014
Decision Date:	11/25/2014	UR Denial Date:	10/07/2014
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 Occupational Medicine and is licensed to practice in Texas. 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 45 year old male with a date of injury on 7/17/2014. The injured worker sustained a low back injury with left leg pain as well. There is a 7/29/14 note indicating that the injured worker had gone to a chiropractor who had done a decompression procedure on the injured worker's back, but he was having ongoing pain. A magnetic resonance imaging (MRI) was done on an urgent basis and findings noted some disc pathology leading to involvement of the left L5 nerve root. The injured worker was admitted for pain control. There was a 7/31/14 follow up, which noted that the injured worker had weakness of about 4/5 strength in the left leg. It does not seem that the injection was done and the injured worker was to have been started on a course of physical therapy. He was using multiple medications including Gabapentin and Flexeril. The injured worker ended up having an epidural injection on 9/9/14. The injured worker was seen on 9/11 noting ongoing pain. The primary care provider noted that the injured worker's pathology was at L4-5 and the injection was given at L5-S1. He also noted the injured worker's affect appeared jovial despite the level of pain he was complaining of. The injured worker was then seen on 9/26, at which time it was stated that the injured worker was about 50% improved with his radiating pain and was able to do more activities as a result. He was having ongoing back pain, however. An exam noted slight decrease in lumbar range of motion with minimal strength differences in the legs. A request was made for an additional epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Epidural Steroid Injection at the L5-S1 under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's) Page(s): 46.

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

Decision rationale: The injection is not certified for two reasons. First, the recent evaluation does not show overtly positive focal neurological deficits in the legs to support the epidural injection. Next, the request was made on 9/26, 17 days after the first injection. Guidelines expect to see at least 50% improvement for at least 6 to 8 weeks, which had not occurred at the time of the evaluation, and no updated information is provided on the injured worker's status. From the Medical Treatment Utilization Schedule (MTUS): 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007). Therefore, as the clinical guidelines are not met, the request is non-certified.