

Case Number:	CM14-0021235		
Date Assigned:	05/07/2014	Date of Injury:	03/15/2007
Decision Date:	07/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/20/2014

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 Internal Medicine, and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 51 year old female whose date of injury was 3/15/07. She complained of low back pain radiating to the left lower extremity. No radiology report was submitted for review, but an MRI dated 12/03/12 was noted to show post-surgical findings at L5-S1. Because of disc height loss, the presence of small residual protrusion, and facet overgrowth, there was moderate left neural foraminal narrowing. This was not critical and did not distort exiting nerve root. The injured worker underwent epidural steroid injection on 7/3/13. The progress report dated 8/13/13 noted that the injured worker had a few days of improvement following the injection. Current medications were listed as Hydrocodone, Omeprazole, and Tizanidine. Subsequent reports indicated that the patient had no relief with epidural steroid injection. Objective findings reported on examination dated 1/2/14 indicated that the patient's gait was mildly antalgic. Lumbar range of motion appeared to be full. Decreased sensation to the left L4-5 dermatome is noted. On the left, she had 4+/5 to the tibialis anterior, extensor hallucis longus (EHL), and inversion, 5-/5 on the right. There was a positive straight leg raise at 70 degrees eliciting low back pain and pain to the foot on the right. Low back pain extending into the calf is noted. Slump test was positive. Lasegue test was positive bilaterally. Epidural steroid injection was recommended per the Agreed Medical Evaluation (AME). The Agreed Medical Evaluation (AME) report dated 3/27/13 recommended a trial of epidural steroid injection, and if the patient did not have positive response to the initial injection then there would be no benefit to performing an additional lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND OF THE 3 LUMBAR EPIDURAL STEROID INJECTION AT L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Per the California MTUS Chronic Pain Medical Treatment Guidelines, the criteria for epidural steroid injection require that radiculopathy be documented by objective findings on physical examination, and radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. There should be evidence that the patient has failed to respond to conservative care, including physical therapy/home exercise programs and non-steroidal anti-inflammatory medications (NSAIDs). Repeat injections 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 four blocks per region per year. Based on the records submitted for review, the injured worker had little if any improvement with previous epidural steroid injection on 7/3/13. Per the medical report on 8/13/13 she had only a few days relief with the epidural steroid injection, and a subsequent report dated 10/1/13 indicated the patient had no benefit. As such the request for the second of three lumbar epidural steroid injections at L5 is not indicated as medically necessary.