MAXIMUS Federal Services

Case Number:	CM14-0021469		
Date Assigned:	05/05/2014	Date of Injury:	12/22/2011
Decision Date:	07/09/2014	UR Denial Date:	02/14/2014
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 Physical Medicine and Rehabilitation 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 46 year old male who reported an injury on 12/12/2011. The mechanism of injury was not provided in the documentation. Per the MRI dated 03/12/2012, the injured worker was reported to have significant findings at L4-5 with evidence of central and right disc herniation and protrusion with suggestion of partial extrusion. Associated impingement over the right lateral recess and spinal stenosis. Per the clinical note dated 08/20/2012, the injured worker reported the epidural steroid injection he had received on 07/26/2012 made the pain worse. The injured worker underwent a revision of the right L4-5 microdiscectomy on 03/22/2013. Per the clinical note dated 12/19/2013, the injured worker reported his symptoms were worse since his last visit, despite the epidural steroid injection received on 12/11/2013; however, there was no documentation regarding the epidural steroid injection. The discomfort was most prominent in the lower lumbar spine. The pain radiated down the left leg and was characterized as intermittent, moderate in intensity, sharp, dull, throbbing, aching, and cramping. The injured worker reported the low back pain at 4/10. On assessment, the injured worker was found to have severe back pain. The diagnoses reported for the injured worker include low back pain, hip pain, depression, and insomnia. The Request for Authorization of medical treatment was dated 09/30/2013. The provider's rationale for the request for the lumbar epidural steroid injections was that the injured worker was in a lot of pain with numbness to bilateral legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION X 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. 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 6 to 8 weeks. The MTUS Chronic Pain Guidelines does not support a series of 3 injections in the diagnostic or therapeutic phase. There was a lack of documentation regarding the epidural steroid injection the injured worker received on 12/11/2013. There was no reported reduction in pain or pain medication. Per the documentation, the injured worker had a previous epidural steroid injection in 2012 that the injured worker stated made the pain in his back worse. There was a lack of documentation regarding a decrease in pain medication or an increase in functional benefit after the 2 epidural steroid injections the injured worker has already received. In addition, the MTUS Chronic Pain Guidelines do not recommend more than 2 epidural steroid injections for either the diagnostic or therapeutic phase. Therefore, the request is not medically necessary and appropriate.