

Case Number:	CM14-0021875		
Date Assigned:	05/05/2014	Date of Injury:	11/12/1999
Decision Date:	07/23/2014	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 & 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:

The injured worker is a 55-year-old female with an industrial injury on November 12, 1999. The injured worker has low back pain with radiation to the right foot. There is a notation in a clinical note on January 27, 2014 that the patient experiences pain with walking. An MRI of the lumbar spine on date of service may 1st 2013 demonstrated multilevel disc bulges with neural foraminal stenosis at L2-3. There has been documentation that the patient has failed other conservative measures including physical therapy and pain medications. A utilization review performed on February 14, 2014 had modified the request for a series of 2 epidural injections to only one injection. The stated rationale was that guidelines recommend repeat injections only when a single epidural has demonstrated at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO EPIDURAL STEROID INJECTIONS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Epidural Steroid Injection Section Page(s): 46-47.

Decision rationale: In the case of this injured worker, there is documentation of lumbar radiculopathy on physical examination with confirmation in terms of MRI imaging of the lumbar spine. Conservative measures such as pain medications and physical therapy have failed to alleviate the lumbar radicular pain. The central issue in this case is whether to epidural steroid injections are warranted versus 1. The guidelines clearly recommend a repeat epidural steroid injection only following documentation of 50% benefits from the initial epidural steroid injection for a period of 6 to 8 weeks. Therefore, the request for two epidural steroid injections lumbar spine is not medically necessary.