

Case Number:	CM14-0022222		
Date Assigned:	05/09/2014	Date of Injury:	07/15/2005
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 injured worker is a 56-year-old female with a reported date of injury on 04/16/2014 and 07/15/2005; the mechanism of injury was not provided. The injured worker's current diagnoses include right L4-5 facet arthropathy with degenerative disc disease. The clinical note dated 04/05/2013 noted that the patient has been having ongoing low back pain with sharp pain radiating down to the right buttocks area. Upon examination of the lumbar spine, it was noted that the patient had diffuse tenderness throughout the lower lumbar area to the right of midline and range of motion was measured at 60 degrees of forward flexion and extension was to neutral. Additional findings included positive straight leg raising on the right at 60 degrees. At that date, it was noted that the patient had previously undergone 1 epidural injection of unknown date with significant relief and that the physician was recommending she receive a second injection at the right L4-5 level. The clinical note dated 01/23/2014 noted the patient was complaining of increasing back pain. It was also noted that she had a good result from her prior epidural injection. Upon examination of the lumbar spine, it was noted that the patient had tenderness with limited range of motion and a positive straight leg raise bilaterally. It was also noted that the physician was recommending another epidural injection of the lumbar spine. The Request for Authorization form requesting an epidural steroid injection was submitted on 02/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46-47.

Decision rationale: The California MTUS guidelines state that epidural steroid injections may be recommended as an option for treatment of radicular pain if particular criteria are met. These criteria include documented radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing, failure of conservative care, the injection must be performed using fluoroscopy, and the initial block must provide documented pain and functional improvements to include at least 50% pain relief with associated reduction of medication use for 6 weeks to 8 weeks. Although it was documented that the patient had radiating pain suggestive of radiculopathy, there was lack of imaging studies that corroborate radiculopathy provided in the available documentation. Additionally, there was lack of quantifiable evidence that the patient received at least 50% pain reduction from the prior epidural injection with associated reduction of medication use for 6 weeks to 8 weeks. Furthermore, the request is unclear as it does not specify at which level the requesting physician is intending to perform the epidural steroid injection and whether it is a right versus left or bilateral injection. Due to these facts, this request is not medically necessary.