

Case Number:	CM14-0024139		
Date Assigned:	06/11/2014	Date of Injury:	06/26/1997
Decision Date:	07/15/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/25/2014

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 underlying date of injury in this case is 06/26/1997. This patient has the diagnosis of lumbar disc displacement with symptoms of neck pain, low back pain, left shoulder pain, and bilateral knee pain. On 12/23/2013, the patient was seen in initial consultation by a new pain physician who reviewed the patient's history and noted that past conservative management for her back was not helpful. That note indicates that this patient previously underwent epidural injections which were minimally helpful and that the patient's low back pain had progressed within the last year. The physician notes that a recent MRI had shown a lumbar disc herniation and that surgery was considered. The patient's motor exam was limited by pain. A sensory exam was described as patchy in distribution. The treating physician planned a lumbar epidural injection bilaterally at L4. A lumbar MRI of 12/11/2013 was noted to show a disc herniation at L4-5 with neuroforaminal impingement bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL LUMBAR EPIDURAL INJECTION, L4 BILATERAL: Upheld

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

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

Decision rationale: The California MTUS, Chronic Pain Medical Treatment Guidelines, section on epidural injections page 46, state that in the therapeutic phase repeat blocks should be based on specific signs of improvement, including documented pain and functional improvement and at least 50% pain relief with associated reduction in medication use for 6-8 weeks. The medical records at this time do not document such improvement but instead document that prior epidural injection treatment was not effective. Additionally, it is not clear that this patient has symptoms and physical examination findings of a specific nerve root distribution to corroborate an indication for an epidural injection. For these reasons, the patient does not meet the criteria for either an initial or a repeat epidural injection. This request is not medically necessary.