

Case Number:	CM14-0026083		
Date Assigned:	03/07/2014	Date of Injury:	03/06/2011
Decision Date:	04/07/2014	UR Denial Date:	02/07/2014
Priority:	Expedited	Application Received:	03/03/2014

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, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of March 6, 2011. A utilization review determination dated February 7, 2014 recommends noncertification of urgent lumbar epidural injection L4-5, L5-S1 bilateral. A progress report dated February 5, 2014 is largely illegible. The diagnosis seems to indicate lumbar sprain and "shoulder." The treatment plan states awaiting authorization for lumbar epidural. A fax cover sheet dated August 16, 2013 states "patient having pain and numbness down left leg, did well with epidural in the past." The note indicates that the physician would like authorization for an epidural of the lumbar spine. A progress report dated August 16, 2013 is largely illegible but seems to indicate the patient has pain and numbness in the left leg. The note seems to indicate that the patient did well in the past with epidural with 50% improvement. Objective findings seem to indicate numbness in the left lateral leg. The treatment plan requests authorization for a lumbar epidural. An orthopedic evaluation dated March 4, 2013 indicates that the patient has previously undergone physical therapy and 3 injections in the back with moderate relief. The note indicates that the patient has complaints of low back pain with no pain radiating into the legs. Physical examination identifies reduced range of motion in the lumbar spine with no focal neurological deficits in the lower extremities. Diagnoses include lumbar myofascial sprain. The treatment plan indicates that a lumbar epidural may provide the patient was some relief. An MRI of the lumbar spine dated June 21, 2013 shows "at L4-L5, there is a partial disk desiccation. There is a 4 mm right neuroforaminal disc protrusion with mild to moderate right and neuroforaminal narrowing. At L5-S1, there is disc desiccation. There is a 3 mm posterior central disc protrusion." The report indicates that the bilateral neural foramina are normal at the L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT LUMBAR EPIDURAL INJECTION L4-L5, L5-S1 BILATERAL: Upheld

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

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

Decision rationale: Regarding the request for repeat lumbar epidural injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no recent legible subjective complaints or objective examination findings supporting a diagnosis of radiculopathy at all of the proposed levels of injection (right and left L4/5 and L5/S1). Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy at all of the proposed levels of injection (right and left L4/5 and L5/S1). Furthermore, there is no documentation indicating how long the previous epidural injections have lasted, and whether there is any objective functional improvement and reduction in medication use as a result of those injections. Finally, it is unclear why the requesting physician would prefer to do bilateral injections at L4-5 and L5-S1 as opposed to a single interlaminar injection which would presumably cover the entire area. In the absence of clarity regarding his issues, but currently requested urgent lumbar epidural injection L4-5, L5-S1 bilateral is not medically necessary.