

Case Number:	CM14-0030203		
Date Assigned:	06/20/2014	Date of Injury:	09/23/2012
Decision Date:	08/19/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 35-year-old male who reported an injury on 09/23/2012 due to restraining a subject while working as a security officer. Diagnoses for the injured worker were disc extrusion left L5-S1 with radiculopathy and status post left L5-S1 laminectomy and discectomy surgery on 08/08/2013. Past treatments include laminectomy, discectomy, physical therapy, medication trials, epidural injections, and nerve blocks. Diagnostic studies were not submitted for review. The injured worker had a physical examination on 10/31/2013 which revealed the injured worker had resolution of the radiated pain of the left leg after the laminectomy and discectomy surgery. However, he began to experience pain in his right buttock, posterior thigh, and calf. Those symptoms reportedly were improved by 50%, but he has not decreased his quantity of Percocet and continues to utilize 6 tablets a day. The injured worker also utilizes an H-Wave unit which he reports helps to decrease his pain level and muscle spasms. An examination of the lumbar spine revealed motor and sensory function of the lower extremities was intact. The injured worker had a physical examination on 11/07/2013 where it revealed tenderness in the paraspinal muscles of the neck. There was no midline tenderness. There were muscle spindles apparent in the area. Curvature of the spine showed normal appearance. There was tenderness in the trapezius muscle, deltoid, and biceps muscles. Flexion, extension, and lateral rotation in the cervical spine were noted to be limited. Facet loading was positive. Examination of the upper extremities showed normal strength, normal sensory and normal reflexes. Straight leg raise was negative, and Hoffman's sign was normal. The treatment plan for the injured worker was for a lumbar epidural steroid injection at the L5-S1 under anesthesia and epidurography (caudal approach). The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L5-S1 under Anesthesia and Epidurography (Caudal Approach): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

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

Decision rationale: MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermal distribution with corroborative findings of radiculopathy). 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 six to eight weeks. The purpose of an epidural steroid injection is to reduce pain and inflammation, restoring range of motion, and thereby facilitating progress in more active treatment programs, and avoiding surgery. The injured worker did not have documented reduction of pain medications after his previous epidural steroid injection and the documentation provided did not indicate the percentage of pain relief, or the duration of pain relief to meet guideline criteria. There were no diagnostic studies submitted to corroborate radiculopathy, and there was a lack of objective findings of radiculopathy on examination. Therefore, the request is not medically necessary.