

Case Number:	CM14-0035890		
Date Assigned:	06/23/2014	Date of Injury:	08/19/2010
Decision Date:	07/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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 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:

This is a 44-year-old female who sustained a remote industrial injury on 08/19/10 diagnosed with right knee degenerative joint disease and lumbar radiculitis. Mechanism of injury occurred when the patient was picking up a box while on the job and experienced a pulling sensation in her lower back along with pain and weakness in both her legs. While continuing to work her regular duties, the patient's symptoms were exacerbated. The request for one Left Transforaminal Lumbar Epidural Steroid Injection at S1 with Mylogram, Fluoroscopic Guidance and Conscious Sedation as an Outpatient was non-certified at utilization review due to the lack of documentation of obtained functional improvement from the previous epidural steroid injections and the current lack of neurological abnormalities. The most recent progress note provided is 02/11/14. Patient complains primarily of low back and right knee pain. Physical exam findings reveal decreased range of motion of the lumbar spine; spasm in the lumbar spine; straight leg raising is positive for back and buttock pain; and the right knee's flexion is 0-100 degrees. Current medications include: Norco, Xanax, Motrin, Lidoderm patches, and Flexeril. It is noted that the patient has received two lumbar epidural steroid injections, resulting in at least 50% of relief from her symptoms. Provided documents include a Qualified Medical Evaluation report dated 02/16/14, an Operative Report dated 10/18/13 that details a lumbar epidural steroid injection, urine toxicology reports, a Qualified Medical Re-Evaluation dated 12/18/13, and several previous progress reports. The patient's previous treatments include right knee surgery, physical therapy, two lumbar epidural steroid injections, and medications. Imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left trasforaminal lumbar epidural steroid injection at S1 with mylogram, fluoroscopic guidance and conscious sedation as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

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

Decision rationale: According to CA MTUS guidelines, "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." In this case, provided documents highlight the patient underwent two lumbar epidural steroid injections, resulting in a 50% reduction of pain but no functional improvement or a reduction of medicatio use is documented. Further, MTUS guidelines indicate that radiculopathy be documented in physical exam findings and corroborated by imaging reports. The most recent physical exam findings do not hgihlight any neurological deficiencies indicative of radiculopathy and imaging studies are not provided to corroborate radicoulopathy. For these reasosn, a repeat lumbar epidural steroid injection cannot be supported by MTUS guidelines as medically necessary.