

Case Number:	CM14-0036791		
Date Assigned:	06/25/2014	Date of Injury:	04/14/2012
Decision Date:	08/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/26/2014

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 Anesthesiologist 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 40-year-old female who reported an injury after she fell on 04/14/2012. The clinical note dated 01/17/2014 indicated the injured worker continued to have pain to her lower back; however, she continued to do her exercises. The provider noted the injured worker had done very well in the functional restoration program and believed this was the opportune time to intervene with the epidural steroid injection to avoid regression. However, the injured worker did have intermittent pain in a radicular pattern which had not come to surgical attention. Prior treatments include diagnostic imaging, the prior epidural injection, home exercise program, and medication management. The injured worker's medication regimen included Percocet. The provider submitted a request for lumbar epidural steroid injection bilateral L4-5 and a request for authorization dated 01/17/2014 was submitted for lumbar epidural steroid injection; however, a rationale was not provided 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 bilateral L4-L5: 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: The request for Lumbar epidural steroid injection bilateral L4-L5 is not medically necessary. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. 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, with a general recommendation of no more than 4 blocks per region per year. It was indicated the injured worker had a prior epidural steroid injection. In addition, there was lack of quantified pain relief and functional improvement with associated reduction of medication use in the documentation submitted. Furthermore, the request did not indicate fluoroscopy for guidance. Moreover, there was lack of the injured worker's physical examination. Furthermore, there was lack of official MRI and EMG to corroborate radiculopathy. Therefore, the request for repeat epidural steroid injection is not medically necessary.