

Case Number:	CM14-0037123		
Date Assigned:	06/25/2014	Date of Injury:	12/15/2011
Decision Date:	09/15/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/27/2014

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 injured worker is a 43-year-old female who reported an injury on 12/15/2011 due to a lifting injury. On 01/27/2014, the injured worker presented with low back pain that radiates down to the right thigh and leg in the medial side and posterior aspects of the leg and extends into the dorsum of the foot. Upon examination of the lumbar spine there was tenderness to palpation of the distal midline lumbar spine and iliac crest and piriformis. There was negative straight leg raise and limited range of motion due to pain in the bilateral lower extremities. Diagnoses were disc degeneration of the lumbar, thoracic lumbar radiculitis/neuritis and sprain/strain of the lumbar spine. Prior therapy included an epidural steroid injection, injections, medications, and a home exercise program. Radiographs of the pelvis and right hip demonstrated normal hip joints without evidence of subluxation or dysplasia. The provider recommended a second epidural steroid injection under fluoroscopic guidance. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd epidural steroid injection under fluroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The request for a second epidural steroid injection under fluoroscopic guidance is not medically necessary. According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopic guidance. No more than 2 levels should be injected using transforaminal blocks. Repeat block should be based on continued objective documented pain and function improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The documentation revealed tenderness to palpation over the distal midline lumbar spine, iliac crest and piriformis with a negative straight leg raise. More information is needed on motor strength deficits, sensory deficits noted over the requested injection levels. There is no clear corroboration of electrodiagnostic findings corroborated with physical examination findings of radiculopathy. In addition, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. The provider's request does not indicate the levels in the request as submitted. The provider's request is for a second epidural steroid injection; however, there is lack of evidence of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks following the prior procedure. Based on the above information, the request is not medically necessary.