

Case Number:	CM14-0038495		
Date Assigned:	06/27/2014	Date of Injury:	05/06/1993
Decision Date:	08/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational 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 42 year old patient had a date of injury on 5/6/1993. The mechanism of injury was lifting a heavy box and twisting her back and developing low back pain radiating down right lower extremity. No progress reports were found in the documents prior to the 3/7/2014 UR decision. On a progress note dated 3/25/2014, the patient reports pain in right leg slightly better but still severe. Level of pain was 10/10. Objective findings include constipation and insomnia. The patient appears alert, awake, oriented and in no apparent distress. Diagnostic impression: myofascial pain syndrome, lumbar radiculopathy, lumbar spondylosis. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision on 3/7/2014 denied the request for Epidural Steroid injection x3, stating that the initial lumbar epidural steroid injection x1 is certified based on the additional information from the provider indicating that the claimant presents with MRI evidence of encroachment of the neural foramina at L4, L5, and S1 with nerve root involvement. The initial epidural at the L4, L5, and S1 level is substantiated to assess the claimants response to this intervention with further epidurals to be considered based on the claimants response and outcome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection x3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. Current research does not support series-of-three injections in either the diagnostic or therapeutic phase. The guidelines recommend no more than 2 ESI injections. In a progress report on 5/23/2014, patient reported noticeable improvement of radicular pain after a recent lumbar epidural steroid injection. However no rationale was provided discussing the necessity of 3 ESI injections in this case. Therefore, the request for Epidural steroid injections x3 was not medically necessary.