

Case Number:	CM14-0044365		
Date Assigned:	08/20/2014	Date of Injury:	06/01/2008
Decision Date:	12/17/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/11/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 43 year old male who suffered a work injury dated 6/1/08. The diagnoses include cervical/thoracic/lumbar strain with weak radiculopathy; MRI with new herniated nucleus pulposus at L5-S 1 and 3 level degenerative disc disease. Under consideration is an epidural steroid injection to lumbar. The documentation indicates that on 11/8/13 the injured worker received a thoracic epidural steroid injection. A progress report dated 12/3/13 states that the patient was still complaining of low back pain and that the epidural spinal injection provided temporary relief. On physical examination there is tenderness and limited range of motion with a positive straight leg raise on the right. MRI revealed new L5-S1 HNP and 3 level degenerative disc disease. Patient reported to have had an EMG positive for radiculopathy. The treatment plan included a statement that states that the patient was authorized for thoracic and lumbar epidural injection. Per documentation a 3/7/2014 the utilization review denied the request an for epidural steroid injection to the lumbar spine. The UR physician noted repeat epidural steroid injections may be considered when there is 50% reduction in pain for six to eight weeks coupled with objective functional improvement and reduction in medication usage and that the request did not clearly indicate which lumbar levels to be addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection to lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Epidural Steroid Injection to lumbar is not medically necessary. The guidelines state that) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines state that 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 documentation indicates that the patient was authorized a lumbar injection. There is no indication of the outcome of this injection in regards to pain relief or medication reduction. The request indicates no laterality or level. Without this information the request for epidural Steroid Injection to lumbar is not medically necessary.