

Case Number:	CM14-0044612		
Date Assigned:	07/02/2014	Date of Injury:	01/18/2011
Decision Date:	08/22/2014	UR Denial Date:	03/12/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 62 year-old female had a 1/18/11 date of injury after a slip and fall. The patient had an epidural on 3/12/14 to L5/S1. The patient was seen on 4/25/14 with complaints of severe pain down the legs and neck pain radiating to the right side. The exam findings revealed tenderness to the L spine with decreased range of motion and positive straight leg raise bilaterally. It was noted the patient had an MRI of the L spine dated 5/13/13 (radiology report was not available for review), which revealed a 3-4mm disc bulge at L5/S1. The patient's diagnosis is lumbar sprain/strain. The treatment to date included a Lumbar epidural steroid injection (ESI) and medication. An adverse determination was received on 3/12/14. The rationale for this decision was not made available 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 at the L5-S1 Level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

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: The California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, California MTUS criteria for the use of ESI's 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. There was no mention of anatomic nerve root impingement at L5/S1 in the progress notes, only a 3-4mm disc bulge. There is no mention of focal neurologic deficits corresponding to this level. In addition, the patient had an epidural at this level on 3/12/14 and there is a lack of documentation with regard to subjective decrease in pain by greater than 50% for at least 6-8 weeks. Therefore, the request for a lumbar epidural at L5/S1 was not medically necessary.