

Case Number:	CM14-0047202		
Date Assigned:	07/02/2014	Date of Injury:	11/14/2007
Decision Date:	08/21/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/15/2014

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 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 60-year-old female who reported an injury on November 14, 2007 caused by an unspecified mechanism. The injured worker's treatment history included medications, epidural steroid injections, a urine drug screen, and physical therapy. The provider noted the injured worker had undergone previous epidural injections with 50% of improvement; however, the provider failed to indicate longevity of improvement from epidural injections. The injured worker was evaluated on March 24, 2014, and it was documented that the injured worker complained of pain and discomfort in her low back. She rated the pain at 8/10 on a Visual Analog Pain Scale. The provider noted objective findings of lumbar spine revealed flexion 50 degrees, extension 5 degrees, and right/left lateral bending 25 degrees with tenderness to palpation over paraspinal musculature with paraspinal spasms noted. Diagnoses included herniated lumbar disc, status post LESI times 2 with good relief. The documentation submitted the injured worker had prior physical therapy sessions; however, the outcome measurements were not submitted for this review. Medications included Prilosec 20 mg and Norco 10/325 mg; however, outcome measurements were not submitted for review f after the injured worker takes pain medication. The request for authorization and rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient third lumbar epidural steroid injection (LESI) at L3-L4, L4-5, ad L5-S1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs [non-steroidal anti-inflammatory drugs] and muscle relaxants). The provider noted the injured worker had undergone a previous epidural steroid injection approximately since December 23, 2013 with 50% improvement however, there was lack of documentation longevity of functional improvement and longevity after the injured worker receives Epidural Steroid Injection. There was lack of documentation of home exercise regimen, and pain medication management for the injured worker. The diagnoses included herniated lumbar disc, status post LESI X2 with good relief. Given the above, the request for Outpatient third LESI at L3-L4, L4-5, and L5-S1 is not medically necessary or appropriate.