

Case Number:	CM14-0049823		
Date Assigned:	07/07/2014	Date of Injury:	05/13/2007
Decision Date:	08/27/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/17/2014

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 is a 57 year old female with a 5/13/2007 date of injury. The exact mechanism of injury has not been described. According to a progress note dated 4/24/2014, the patient continues to have pain in the neck, back and left shoulder with some numbness of the legs. The physical exam on a hand written note on 4/24/2012 is difficult to interpret however decrease range of motion to back and c-spine was legible. According to a supplemental report dated 4/9/2014 the patient's most recent Lumbar Epidural Steroid Injection (LESI) was placed on 9/28/1012. The supplemental report further explains that a clinic note on 12/11/2012 indicates that the patient had over 75% relief that lasted over 6 weeks. An official magnetic resonance imaging (MRI) report was not available however was mentioned in the supplemental report that one was obtained on 11/28/2007. The diagnostic impressions include myofascial pain syndrome, strain to cervical spine & lumbar spine and lumbosacral radiculopathy. Previous treatments include TPI, LESI, medication management and physical therapy. A UR decision dated 3/18/2014 denied the decision for LESI L4-S1. The explanation was that there were no objective functional improvements or pain resolution documented. In addition, there was no documentation in 2014 demonstrating improvement from any of the multiple types of injections and blocks performed by this provider for years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L4-S1.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): epidural steroid injections.

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 Steroid (ESI) Injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of ESI 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. The medical records provided do not include an official magnetic resonance imaging (MRI) report. The objective findings are difficult to interpret on the progress notes provided. Furthermore, the documentation supplied did not discuss any objective functional improvement. Therefore, the request for Lumbar Epidural Steroid Injection L4-S1 is not medically necessary.