

Case Number:	CM14-0050211		
Date Assigned:	06/23/2014	Date of Injury:	02/18/1991
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

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 & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 48-year-old male with injuries reported on 02/18/1991 and 08/17/2000. The mechanism of injury was not provided. The injured worker had an exam on 01/06/2014 with complaints of constant pain in low back radiating to legs bilaterally and numbness and tingling to the last three toes. Upon exam, he had diminished sensation to the right 3,4 and 5 toes. The straight leg raising was 30 degrees on the right and 45 degrees on the left with low back pain. He had a positive lasegue's test bilaterally. His medications consisted of Prilosec, Norco, Celebrex and Lunesta. The injured worker reported the pain level was a 5/10 with medications and 10/10 without medications. His diagnoses included recurrent herniated disc, status post laminectomy and discectomy, L5-S1 on 09/23/1992 and status post laminectomy and discectomy on 12/14/1994. The treatment plan recommend epidural injections. The injured worker stated that prior injections did give him improvement up to 18 months, with increased function and decreased need for pain medications. The request for authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTIONS (ESIs) IN A SERIES OF THREE (3):

Upheld

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

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

Decision rationale: The request for lumbar epidural steroid injection in a series of three is non-certified. The California MTUS Guidelines recommendations suggest a second epidural injection if partial success is produced with the first injection and a third injection is rarely recommended. The MTUS guidelines also state that the injections offer short term relief and should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no evidence that the injured worker has done a home exercise program. The MTUS guidelines state that current research does not support "series of three" injections in either the diagnostic or the therapeutic phase. Furthermore, the request does not specify level for injections. Therefore, the request for lumbar epidural steroid injections in a series of three is non-certified.