

Case Number:	CM14-0053635		
Date Assigned:	07/07/2014	Date of Injury:	02/26/2013
Decision Date:	08/22/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/22/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 patient is a 41-year-old with a reported date of injury of 02/26/2013. The patient has the diagnoses of spinal stenosis, radiculitis, and lumbar spine disc herniation. Past treatment modalities have included epidural injection with some degree of improvement in his symptoms. Per the progress notes provided by the primary treating physician dated 03/18/2014, the patient has complaints of recurrence of pain symptoms. Physical exam showed lumbar spine decreased range of motion with pain on motion with positive straight leg raise and decreased pinprick sensation in the L5 and S1 dermatome. Treatment recommendations included at L4-5 and L5-S1 for the patients documented numbness and radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection for L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for Use of Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid infections states: Recommended as an option for treatment of reticular pain per

criteria. Most current guidelines recommend no more than 2 ESI injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection. Criteria include: 1. Initial unresponsiveness to conservative treatment. 2. Injections should be performed using fluoroscopy no more than two nerve root levels should be injected using transforaminal blocks. 3. In the therapeutic phase, repeat blocks should be 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 provided documentation fails to meet the criteria outlined above, and therefore the requested service is not medically necessary.