

Case Number:	CM14-0058804		
Date Assigned:	07/09/2014	Date of Injury:	06/18/2008
Decision Date:	09/22/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/29/2014

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 Medicine 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 36 year-old injured worker who reported a work related injury on 06/18/2008 due to a pallet breaking causing him to fall. Diagnoses consist of degenerative lumbar disc disease L3-4 and L4-5, Spinal stenosis at L3-4, and L4-5, lumbar radiculopathy in L3-4 and L4-5, and lumbar osteoarthritis. The previous epidural steroid injection provided relief for 3 months. Past treatment has included epidural injections, medication, and radiofrequency rhizotomy. Diagnostic studies have consisted of an MRI dated 02/22/2014 of the lumbar spine which revealed multilevel degenerative changes of the lumbar spine, with disc osteophyte complexes at L3-4 and L4-L5 which resultant severe spinal canal narrowing at L3-L4 as well as right lateral recess effacement at L3-4. Subjective complaints dated 03/20/2014 state the injured worker continued to have low back pain at 6-7/10 on the VAS scale that radiated into both legs, and that range of motion caused back pain. Objective findings revealed that the injured worker had diffused tenderness over the lumbosacral area on the left and right. Lumbar flexion was restricted to 30 degrees, extension 10 degrees and rotation right and left 10 degrees. Motor strength was 5 out of 5 in all muscle groups. Deep tendon reflexes are 2+ bilaterally. Relevant medications are 10/325 mg of Percocet, 880 mg of Motrin, 300 mg of Neurontin, and 20 mg of Prilosec. The treatment plan consists of bilateral L3/4, L4/5 Transformational Epidural Steroid Injection, and continuation with current medication list. The rationale for this request is to relieve pain. The authorization request form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3/4, L4/5 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 request for bilateral L3/4, L4/5 Transformational Epidural Steroid Injections is not medically necessary. According to the California MTUS repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. However, the injured worker only experienced 3 months of pain relief upon a previous epidural injection in March 2010, with this epidural injection the amount of functional improvements were also not clearly specified, and measurable pain relief was not provided in documentation. As such, the request is not medically necessary.