

Case Number:	CM14-0059034		
Date Assigned:	07/09/2014	Date of Injury:	08/10/2007
Decision Date:	09/05/2014	UR Denial Date:	04/14/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 47 year old female with a work injury dated 8/10/07. The diagnoses include lumbago, lumbar radiculopathy. The patient is status post left L4-5 laminectomy and micro discectomy in 07/2010 and bilateral L5-S1 microlaminotomy and microdiscectomy on 06/04/13. Under consideration is a request for lumbar epidural steroid injection L5-S1 bilateral. There is a primary treating physician report dated 3/27/14 stated that the patient had a 2/14/14 epidural, specifically a right L5.-S1 TFESI (Transforaminal Epidural Steroid Injection). She had an Increase in pain for the week after but then definitely had improvement. 60% pain relief and she still has efficacy although she is starting to feel as if it is wearing off, such that in her pain intake~ diagram today, she indicates pain levels as in the 3-4 range. Pre epidural it was 7. She has a bilateral leg radicular component, more left legged numbness, more right legged pain. Exam shows her to be neurologically unchanged from recently documented. She does not have a foot drop, heel walk is Intact. She is unable to sustain a toe walk on the left because of hypoesthesia numbness complaints, left sided. The impression is significant improvement of axial back and leg radicular pain, with recent L5-S1 ESI (Epidural Steroid Injection), 10 months status post L5-S1 microdiscectomy and decompression and nearly four years status post previous left L4-S microdiscectomy. The treatment plan was to have a second L5-S1 epidural steroid injection. A primary treating physician report dated 5/8/14 states that she has had complete loss of the efficacy of the epidural she had 12 weeks ago and an updated referral for an epidural was denied by UR and her attorney is litigating and pursuing judicial review and by report penalties. She is still waiting for that to come through. Her pain persists, axial back and leg 5/10. She is still utilizing narcotics. Her physical exam is unchanged. The treatment plan states that she

should be allowed up to three epidurals per calendar year on future treatment basis and going forward.

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 bilateral L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): p.45.

Decision rationale: Lumbar epidural steroid injection L5-S1 bilateral is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that in the therapeutic phase, repeat blocks 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, with a general recommendation of no more than 4 blocks per region per year. The documentation does not indicate that the patient has a reduction in medication use and functional improvement for 6-8 weeks post injection with her pain relief. Therefore, the request for a Lumbar epidural steroid injection for bilateral L5-S1 is not medically necessary and appropriate.