

Case Number:	CM14-0072002		
Date Assigned:	07/16/2014	Date of Injury:	07/14/2013
Decision Date:	09/12/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/19/2014

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 Pain Management 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 patient with a date of injury of 7/14/13. A utilization review determination dated 4/23/14 recommends non-certification of inject spine lumbar/sacral. At least 2 caudal ESIs have been performed, most recently on 2/19/14. 4/1/14 medical report identifies less pain in the lower back 3/10, rarely radiates to legs. The patient has not returned to any heavy activities. On exam, SLR is negative and neuro is WNL. The provider notes that the patient is believed to be an outlier to the guidelines given the enormous size of his disc herniation and the physical demands of his job. 3rd and final epidural steroid injection (ESI) was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection spine lumbar/sacral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ESI Epidural Steroid Injection page 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for lumbar/sacral injection, according to the Chronic Pain Medical Treatment Guidelines it states that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with

corroborative findings of radiculopathy. Repeat epidural injections, guidelines state that 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. A series of injections is not supported. Within the documentation available for review, there is documentation of pain relief from the prior epidural steroid injections. Although the CA MTUS does not support a series of injections, the provider notes that the patient is believed to be an outlier to the guidelines given the size of his disc herniation and the physical demands of his job. However, while there is documented pain relief, the documentation does not clearly identify more objective measures of relief such as functional improvement and/or decreased pain medication usage. Furthermore, there is no indication of a recurrence of the patient's pain to support the use of additional interventional treatment. In the absence of such documentation, the currently requested lumbar/sacral injection is not medically necessary.