

Case Number:	CM14-0075628		
Date Assigned:	07/16/2014	Date of Injury:	12/11/2012
Decision Date:	08/14/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/23/2014

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 and is licensed to practice in Illinois. 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 52-year-old female who reported an injury on 12/11/2012 due to a car accident. The injured worker had a history of radiating pain to the lower extremities. The injured worker had diagnoses of lumbar disc herniation at the L4-5 and L5-S1, lumbosacral sprain, thoracic sprain, cervical sprain, and a C4-5 cervical disc herniation. The past treatment included a translaminal L4-5 lumbar epidural steroid injection. The injured worker's medications included Ultram and tizanidine. The injured worker reported pain to the back and lower extremities of a 6-7/10 using the VAS. The objective findings per the clinical note on 06/26/2014 revealed a stable neurological examination, with marked limitations of the lumbar spinal with motion having pain. The treatment plan included a lumbar epidural steroid injection at the L4-5 and medication. The Request for Authorization dated 07/16/2014 was submitted within documentation. No rationale was given for the lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Criteria for the use of Epidural Steroid Injections Page(s): 46.

Decision rationale: The request for a lumbar epidural steroid injection at the L4-5 is non-certified. The California MTUS Guidelines recommend no more than 2 epidural steroid injections. This is in contradiction to previous generally cited recommendations for a series of three epidural steroid injections. Epidural steroid injections can offer short term pain relief and should be in conjunction with other rehab efforts including continuing home exercise program. There is little information on improved function. There must be written documentation for radiculopathy on the physical examination and imaging studies or electrodiagnostic testing. The injured worker should be unresponsive to conservative treatments. The injections should be performed using the fluoroscopy for guidance. For use with diagnostic purposes, a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using the transforaminal block. Per the documentation the injured worker had had a prior lumbar epidural steroid injection however the clinical note 06/26/2014 did not address the percentage of relief the injured worker received if any. There was no evidence that the injured worker had failed conservative care. As such, the request is non-certified.