

Case Number:	CM14-0079805		
Date Assigned:	07/18/2014	Date of Injury:	11/04/2011
Decision Date:	08/15/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/30/2014

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 Medicine 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 November 4, 2011. A utilization review determination dated May 21, 2014 recommends non-certification for a lumbar epidural steroid injection at L3-4, L4-5, and L5-S1. Non-certification was due to lack of objective evidence of functional improvement as a result of previous epidural injections. Additionally, the physical examination did not identify neurologic deficits in a dermatomal or myotome of pattern to confirm the diagnosis of radiculopathy. Finally, the request for 3 levels bilaterally is not supported by guidelines. A progress report dated April 2, 2014 identifies subjective complaints of low back pain radiating to both hips and lower extremities. The note indicates that the patient has undergone physical therapy and 3 epidural steroid injections. The physical examination findings reveal decreased lumbar range of motion with pain, 5/5 strength in the lower extremities, normal deep tendon reflexes, and sensation is decreased to light touch and pinprick in bilateral lower extremity. The diagnoses include lumbar disc protrusion and lumbar radiculopathy. The treatment plan recommends a caudal injection and lumbar epidural steroid injection. A CT scan of the lumbar spine dated May 29, 2012 identifies mild to moderate bilateral foraminal stenosis at L3-4, L4-5, and L5-S1. An MRI dated September 4, 2012 indicates that there is no foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection x 1 at L3-4, L4-5, and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Criteria for the use of Epidural steroid injections.

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

Decision rationale: Regarding the request for repeat lumbar epidural injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding 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. Within the documentation available for review, there are no objective examination findings supporting a diagnosis of her ticket lobby in any particular dermatomal/myotomal distribution. Additionally, notes do not indicate the previous epidural steroid injections provided at least 50% pain relief for 6 to 8 weeks with documented functional improvement. Finally, the current request for 3 levels of epidural steroid injections are not supported by guidelines, as they recommend no more than 2 levels be injected at one time. In the absence of clarity regarding those issues, the currently requested lumbar epidural steroid injection at L3-4, L4-5, and L5-S1 is not medically necessary.