

Case Number:	CM14-0084699		
Date Assigned:	07/21/2014	Date of Injury:	02/16/2007
Decision Date:	08/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/06/2014

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:

The injured worker is a 47-year-old male who reported an injury on 02/16/2007. The mechanism of injury was noted to be a fall. His diagnoses include lumbar degenerative disc disease, low back pain, lumbar facet joint pain, and bilateral L4 lumbar radiculitis. His past treatments were noted to include "some therapy," medications, and injections. He was noted to have undergone bilateral L4 selective nerve root injections on 02/04/2013. On 05/22/2014, the injured worker presented for followup with symptoms of pain in his left arm, low back, and neck. He reported having increased low back pain and wanted to repeat an epidural steroid injection. He described his low back pain as a burning ache with radiation into his left leg. It was noted that her previous injection had provided greater than 80% pain relief for more than 6 months, as well as the ability to take less medications and complete more functional tasks. Physical examination findings revealed mildly decreased motor strength to 5-/5 in the bilateral lower extremities secondary to pain, diminished sensation in a left L5 distribution, and positive bilateral straight leg raise. His medications were noted to include Nucynta ER, Nucynta IR, ibuprofen, and Flexeril. The treatment plan included a repeat lumbar epidural steroid injection. The requested epidural steroid injection was noted to be due to the greater than 80% to 90% pain relief for 7 to 8 months after a previous injection. The rationale for the conscious sedation was not specified. The request for authorization form was submitted on 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection under fluroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines ; epidural steroid inject (ESI).

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

Decision rationale: According to the California MTUS Guidelines, repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for at least 6 to 8 weeks. The clinical information submitted for review indicated that the injured worker had previously undergone bilateral L4 selective nerve root injections on 02/04/2014. He was noted to report greater than 80% pain relief for at least 6 months, as well as increased function and decreased medication use. Based on this information, the requested repeat epidural steroid injection would be supported. However, the request failed to indicate the side and level being requested for injection. In the absence of this information, the request is not medically necessary and appropriate.

Conscious Sedation (no level noted): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested procedure is not supported by the documentation, the requested ancillary service is also not supported.