

Case Number:	CM14-0086514		
Date Assigned:	07/23/2014	Date of Injury:	03/26/2007
Decision Date:	09/18/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 3/26/07. A utilization review determination dated 5/16/14 recommends non-certification of ESI (epidural steroid injection). The 7/1/14 medical report identifies pain 8/10 with numbness and tingling. The provider notes that the last epidural was done in 2013 with more than 50% pain relief for over 8 weeks. On exam, there is decreased sensation in bilateral L5 dermatomes and positive SLR at 30 degrees in the bilateral lower extremities. She is not getting pain medication and an occasional epidural allows her to be functional, pain free, and without narcotic medications. It is noted that she does take Arthrotec, Tylenol, and Dexilant. The 5/6/14 medical report identifies that the previous epidural was done in January of 2013. The 1/14/14 medical report identifies that the patient is s/p lumbar ESI done in September with 50% pain relief for 2 months. The 8/23/13 operative report notes that bilateral L5-S1 transforaminal epidural steroid injections were performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient third (3rd) Bilateral Lumbar Epidural Steroid Injection (ESI) at the L5-S1 Level: Upheld

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

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

Decision rationale: Regarding the request for lumbar epidural steroid 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, the date of the most recent ESI is unclear. The 5/6/14 medical report identifies that the previous epidural was done in January of 2013, while the 1/14/14 medical report identifies that the patient is status post lumbar ESI done in "September." Additionally, there is an 8/23/13 operative report noting that bilateral L5-S1 transforaminal epidural steroid injections were performed. The most recent medical report only notes that the previous ESI was in 2013 with more than 50% pain relief for over 8 weeks. In addition to the conflicting information regarding the date of the previous ESI, there is no clear documentation regarding functional improvement and associated reduction of medication use after the injection. In light of the above issues, the currently requested lumbar epidural steroid injection is not medically necessary.