

Case Number:	CM14-0091476		
Date Assigned:	07/25/2014	Date of Injury:	03/12/2012
Decision Date:	08/28/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/17/2014

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 & Rehabilitation 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 underlying date of injury in this case is 03/12/2012. The patient's diagnoses are cervical and lumbar radicular syndromes. Multiple primary treating orthopedic physician notes, as recent as 07/07/2014, have requested a second lumbar epidural injection, noting this was first requested 12/09/2013. The primary treating orthopedic physician's progress report of 12/09/2013 notes that the patient reported that the benefits of the first lumbar epidural injection were wearing off, although the patient still had improvement. The patient ambulated with a non-antalgic gait and was able to heel walk or toe walk without difficulty. On neurological exam, the patient had decreased sensation bilaterally in an L5-S1 distribution. The treating physician recommended a second lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Lumbar Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on epidural steroid injection states that in the therapeutic phase, repeat block should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks. The medical records in this case align multiple appeals regarding requests for a second lumbar epidural injection. However, those appeals and associated office notes do not clearly document the specific functional benefit from first injection and the duration of such benefit. The treatment guidelines have not been met in this case. This request is not medically necessary.