

Case Number:	CM14-0187979		
Date Assigned:	11/18/2014	Date of Injury:	05/07/2014
Decision Date:	01/06/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/11/2014

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 male patient with the date of injury of May 7, 2014. A Utilization Review dated October 15, 2014 recommended non-certification of epidural steroid injection L4-5. A Visit Note dated September 8, 2014 identifies Subjective findings of low back and left ankle pain. He reports the pain persisted and increased some across the lower back. Objective findings identify tenderness to palpation midline lumbar paraspinals. Tenderness over the dorsal lateral ankle. With trunk flexion and extension rotation he reports pain across the lower back. Assessment identifies lumbosacral strain contusion, possible L4-5 discogenic pain, and left ankle sprain. Plan identifies epidural at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Epidural Steroid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 9792.20-9792.26 Chapter 7 page 46 of 127 Epidural steroid injections (ESIs)

Decision rationale: Regarding the request for epidural steroid injection L4-5, 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, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. 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 recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested epidural steroid injection L4-5 is not medically necessary.