

Case Number:	CM14-0188776		
Date Assigned:	11/19/2014	Date of Injury:	06/06/2013
Decision Date:	01/14/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/12/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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 23 year-old male, who was injured on June 6, 2013, while performing regular work duties. The injury is a result of lifting heavy wiring for grapevines with the right upper extremity and immediately feeling pain in the back. The records indicate a magnetic resonance imaging is positive for a herniated disc at L4-L5 and L5-S1 affecting S1 nerve root. The full magnetic resonance imaging report is not provided for this review. There was objective finding of sensory loss in right L5 and S1 dermatomes. The straight leg raising test and Patrick's test was positive bilaterally. A urine drug screen drawn on March 6, 2014 was negative for prescribed medications. On April 8, 2014, the injured worker underwent an epidural steroid injection at L4-L5, and L5-S1 levels. The records provided for this review do not indicate the efficacy or functional improvement resulting from the epidural steroid injection of April 8, 2014. The records indicate the injured worker was prescribed the following medications for this injury: Ultram ER 150 mg, Naproxen 550 mg, Prilosec 20 mg, and Terocin patch. The injured worker remains off work as of July 30, 2014. The request is for lumbar epidural steroid injection at L4-L5, L5-S1 levels. The primary diagnosis is lumbar strain. Associated diagnoses are lumbar radiculopathy, herniated lumbar disc and trochanter bursitis. On October 20, 2014, Utilization Review denied the request for lumbar epidural steroid injection at L4-L5, L5-S1 levels, per MTUS, Chronic Pain guidelines, citing that a previous steroid injection provided only 25% pain relief, and the guidelines require above 60% sustained pain relief for six weeks with improvement in functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injection can be utilized for the treatment of lumbar radiculopathy that did not respond to standard treatment with medications and PT. The records indicate the presence of subjective, objective and radiological findings consistent with lumbar radiculopathy. The records indicate that the patient underwent a lumbar epidural steroid injection in April, 2014. It was noted that the epidural resulted in a 25% reduction in pain. There is no documentation of functional restoration or reduction in medication utilization. The guidelines recommend that epidural steroid injection can be repeated if there is greater than 60% reduction in pain that is sustained for more than 2 months. The criteria for repeat L4-L5, L5-S1 epidural steroid injection was not met, therefore the request is not medically necessary.