

Case Number:	CM14-0190274		
Date Assigned:	11/25/2014	Date of Injury:	02/09/2013
Decision Date:	01/14/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/14/2014

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:

This is a patient with a date of injury of 2/9/13. A utilization review determination dated 11/10/14 recommends non-certification of second ESI as the patient received only minimal (less than 5%) relief from transforaminal ESI and the provider wished to perform an interlaminar injection for more spread. 10/15/14 medical report identifies neck pain radiating down BUE, low back pain radiating down the BLE to the feet with numbness, tingling, and weakness, pain in the hands and feet, and ongoing headaches. On exam, there is lumbar tenderness, limited ROM, decreased sensation along the L4-S1 dermatomes in BLE. SLR was positive bilaterally at 50 degrees. MRI is said to show multilevel degenerative disc disease of the lumbar spine, particularly pronounced at L4-5 and L5-S1. Recommendations include medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Bilateral Interlaminar Lumbar Epidural Steroid Injection L4-S1 quantity 1.00:
Upheld

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

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, and failure of conservative treatment. 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 imaging does not clearly corroborate radiculopathy and the prior injection did not provide any significant relief or functional improvement. Additionally, guidelines do not support the use of interlaminar epidural injections bilaterally or at more than one level. In light of the above issues, the currently requested lumbar epidural steroid injection is not medically necessary.