

Case Number:	CM14-0192082		
Date Assigned:	11/25/2014	Date of Injury:	03/16/2007
Decision Date:	01/12/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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 Occupational medicine, and is licensed to practice in Colorado. 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 is a 45-year-old female with a significant back pain who was injured on March 16, 2007. The worker is status post L4-S1 lumbar fusion surgery on November 8, 2012 and status post L4-5 hemilaminotomy and microdiscectomy in 2011. The worker has chronically been using Norco and soma on a daily basis for back pain. Trigger point symptomology is noted on examination. A CT scan of the lumbar spine on May 22, 2014 describes intact spinal hardware and any intact spinal fusion. There is narrowing of the L5-S1 neural foramina due to osteophyte formation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (LESI) at L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: There is insufficient documentation of an improved functional effect from prior lumbar epidural steroid injection. There is no documentation of lower extremity radicular pain. The MTUS summarizes that The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2

and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. Also provided by the MTUS is that in the therapeutic phase, repeat (epidural) 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. In this case, there is insufficient documentation of specific functional improvements occurring after preceding epidural injections. Also, there is no documentation of lower extremity radicular pain. Therefore, the request for lumbar epidural steroid injection is not considered medically necessary or appropriate.