

Case Number:	CM14-0192930		
Date Assigned:	12/02/2014	Date of Injury:	10/28/2012
Decision Date:	01/29/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 10/28/2012. The date of the utilization review under appeal is 11/25/2014. The patient's diagnosis is low back pain with left lower extremity radicular symptoms. A prior MRI of the lumbar spine of 12/17/2012 described a 4-mm bulge or protrusion displacing the right L4 nerve in the foramen at L4-L5 and also described a 3-mm right-greater-than-left bulge with right neural foraminal stenosis. A prior physician review noted that the patient had 4/5 strength in the left extensor hallucis longus and that the patient had a prior L4-L5 epidural injection the year previously which resulted in a 50-60% improvement in pain for 6 months. Therefore, that review modified the request for an epidural injection to the left side only. A secondary treating physician's note of 10/03/2014 discusses this patient's history of L4-L5 spondylolisthesis with radicular left lower extremity pain and discusses the patient's 50-60% improvement for 6 months after his last epidural injection. The treating physician felt that the patient had good and prolonged pain relief from the last epidural injection and requested a repeat injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Epidural Steroid Injection, left knee, lumbar and/or Sacral Vertebrae (Vertebra NOC Trunk), multiple Neck injury: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, page 46, states 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 6-8 weeks. The medical records in this case discuss pain relief from a prior epidural injection but do not discuss functional improvement or reduction in medication use. Therefore, the guidelines have not been met for a repeat epidural injection. This request is not medically necessary.