

Case Number:	CM14-0214602		
Date Assigned:	01/07/2015	Date of Injury:	05/01/2007
Decision Date:	07/30/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 54-year-old male who sustained an industrial injury on 05/01/2007. Diagnoses include cervical spondylosis and neck pain and lumbar spondylosis, disc protrusion at L4-5 and L5-S1 with lower back and bilateral sciatic leg pain. Treatment to date has included medications, physical therapy, acupuncture and epidural steroid injection. According to the progress notes dated 11/5/14, the IW reported lower back pain. On examination, cervical range of motion was 45 degrees of flexion and extension and 45 degrees bilateral rotation. The neurological exam was intact. Lumbar spine range of motion measured 70 degrees of flexion, 20 degrees of extension and 30 degrees of lateral flexion bilaterally. Motor strength was intact; deep tendon reflexes were absent. Sensation was decreased in both feet and straight leg raise caused low back pain bilaterally. An MRI of the lumbar spine on 1/17/14 showed bulging discs and facet hypertrophy at all levels, with varying degrees of neural foraminal narrowing and central canal stenosis. A request was made for lumbar epidural steroid injection for back pain; the previous injection provided partial pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines have very specific criteria to justify the use of epidural injections. The Guidelines differentiate between a second epidural and epidural injections in excess of 2. A second epidural is Guideline supported if an initial epidural is considered beneficial. Any additional epidurals have to meet very strict criteria to be considered medically appropriate. This individual had an initial epidural injection in 2013 to the left L4-5 and right S1. Both the treating physician and QME evaluator report the patient received meaningful and lasting pain relief and both opinions a repeat (second) epidural was medically reasonable. At this point in time, the request is non-specific regarding the type and level of epidural, but is reasonable to assume that it will duplicate the initial epidural. The request for a second epidural injection is supported by Guidelines and is medically necessary. If updated documentation confirms that the request is not consistent in type and levels of the initial epidural, a re-review would be consistent with Guidelines.