

Case Number:	CM14-0050549		
Date Assigned:	06/25/2014	Date of Injury:	02/02/2011
Decision Date:	04/07/2015	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/24/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female, who sustained an industrial injury on 2/2/2011. The current diagnoses are lumbar disc displacement without myelopathy, lumbago, and thoracic or lumbosacral neuritis or radiculitis. Currently, the injured worker complains of low back pain with intense muscle spasms following the path of the sciatic nerve. She also has tingling down her left leg. The pain in her low back and leg is described as burning. Current medications are Topiramate, Lorzone, and Norco. Treatment to date has included medications, physical therapy, acupuncture, traction, exercise, and transforaminal epidural steroid injection. Per notes, the injection helped with the numbness and tingling, but she continues to report spasms. The treating physician is requesting repeat left L4-L5 epidural steroid injection, which is now under review. On 3/18/2014, Utilization Review had non-certified a request for left L4-L5 epidural steroid injection. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left Lumbar 4-Lumbar 5 epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid 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 50% pain relief and associated reduction of medication use for 6-8 weeks. The records in this case document substantial pain relief from a prior epidural injection, but do not clearly document objective functional improvement or specific reduction in medication use. For these reasons, the guidelines have not been met for repeat epidural injection. This request is not medically necessary.