

Case Number:	CM14-0090696		
Date Assigned:	07/23/2014	Date of Injury:	12/22/2010
Decision Date:	03/06/2015	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/16/2014

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: Physical Medicine & Rehabilitation, Pain Management

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 37 year-old male with an original date of injury on December 22, 2010. The mechanism of injury occurred when patient was trying to unload merchandise and felt a strain in his lower back. The industrially related diagnoses are degeneration of lumbar or lumbar sacral intervertebral disc, lumbar disc herniation, and lumbar radiculopathy. The patient's medical treatment included Nucynta, gabapentin, tramadol, amitriptyline, and dextromethorphan. The patient also has had treatment with physical therapy, rest, cold and heat, and TENs unit. The patient has had three epidural steroid injections in the past with almost no relief. The latest epidural steroid injection was six months prior to the current request, which gave patient relief to the lumbar region of over 50% for one month period. An electromyogram and nerve conduction study of the lower extremities from an unknown date was positive for radiculopathy. A repeat electromyography and nerve conduction study on 1/9/2014 was within normal limits. An MRI of the lumbar spine on June 18, 2013 showed degenerative disc change at L5-S1 and L4-L5 with mild narrowing of thecal sac, L4-5 indents the thecal sac ventrally causing moderate mass effect on the S1 nerve root bilaterally. The disputed issue is the requests for right sided lumbar epidural steroid injection to L4-L5 and L5-S1 under fluoroscopy. A utilization review on May 19, 2014 has noncertified this request. The rationale for denial was the patient has had poor response to prior steroid injections, therefore, repeat injection would not be indicated at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Epidural Injection for L4-L5 and L5-S1 under Fluoroscopy.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) 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 repeat 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. Guidelines recommend that no more than one interlaminar or two transforaminal be injected in one session. 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, a progress note on 5/1/2014 indicated the patient has had 3 unsuccessful epidural steroid injection in the past. It is unclear how a repeat injection will help with his symptom of radiculopathy. Therefore, the currently requested repeat lumbar epidural steroid injection is not medically necessary.