

Case Number:	CM14-0110790		
Date Assigned:	08/01/2014	Date of Injury:	01/09/1990
Decision Date:	09/26/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of January 9, 1990. A utilization review determination dated June 18, 2014 recommends non-certification for Lumbar Epidural Steroid Injection X2. Non-certification was recommended due to lack of objective findings and imaging/ electro-diagnostic studies supporting a diagnosis of radiculopathy. A progress note dated October 8, 2013 identifies subjective complaints of lumbar disc disease. The note states that the patient has "had epidural injections in the past and they have always been helpful." The patient is trying to avoid further back surgery. Objective examination findings identify tenderness in the left for area of the lumbar spine with pain radiating into the right buttock and leg upon forward bending. There is no weakness noted as far as walking on his heels or toes. There is slight weakness extending the lower right leg rated as 4+/5. It is noted that this may be a weakness due to pain as opposed to "true weakness." The diagnosis is a flare-ups of chronic low back pain with known lumbar disc disease, multilevel most prominent is at L4-5 with right-sided disc fragment. The treatment plan recommends another "series of epidural injections." A progress note dated April 4, 2012 indicates that an epidural steroid injection was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Epidural Injections to the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 179-180, Chronic Pain Treatment Guidelines Epidural injections.

Decision based on Non-MTUS Citation Official Disability Guidelines-Lumbar epidural injections.

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

Decision rationale: Regarding the request for 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 level, or to transforaminal levels, should be injected at 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, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. Additionally, there is no documentation of at least 50% pain relief with associated reduction of medication used for 16 weeks from previous epidural injections. Finally, guidelines do not support a series of injections as requested here. In the absence of clarity regarding those issues, the currently requested Lumbar epidural steroid injection is not medically necessary.