

Case Number:	CM14-0114988		
Date Assigned:	09/18/2014	Date of Injury:	08/10/2009
Decision Date:	10/16/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/23/2014

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 Management 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 female patient with the date of injury of August 10, 2009. A Utilization Review was performed on June 24, 2014 and recommended non-certification of lumbar epidural steroid injection L4-5. Note is made that the patient underwent lumbar epidural steroid injection at L4-5 on August 20, 2013. A SOAP Note dated June 16, 2014 identifies Subjective findings of pain radiating down lower extremities. Objective Findings identify lumbar decreased sensation to light touch throughout her L3, L4 distribution. Diagnoses identify lumbago. Plan identifies request authorization for lumbar epidural steroid injection to be performed at the L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 AND 46 OF 127 EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46 OF 127.

Decision rationale: Regarding the request for lumbar epidural steroid injection L4-5, 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, the patient underwent lumbar epidural steroid injection at L4-5 on August 20, 2013. There is no mention of any functional improvement, percentage of pain relief, or reduction in medication use obtained from this injection. In the absence of such documentation, the currently requested lumbar epidural steroid injection L4-5 is not medically necessary.