

Case Number:	CM14-0133979		
Date Assigned:	08/25/2014	Date of Injury:	08/19/2011
Decision Date:	12/31/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family 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:

The injured worker is a 41 year old female who incurred an industrial injury 08/19/11 while arresting and handcuffing a subject. Per the medical reports this incident exacerbated a previous injury which occurred 10/15/10. She had not experienced any new injuries since 10/15/10 of her neck and lower back pains. The lower back injury and complaint was consistently noted to be a component of the incident she experienced 10/15/10. The worker had a fusion of L5-S1/cage L4-L5 on 12/18/12. She reported continued lowe back pain rated 3-8/10 with stiffness and soreness. The reports provided do not indicate failed trials of first-line recommendations (oral antidepressants and anticonvulsants). There was no documentation noted in the medical records indicating these medications are insufficient to manage symptoms. Orthopaedic report dated 07/21/14, noted the worker had increased pains with 3-5-8/10 stiffness and soreness to the lower back. She had lower back pains which onset 10/15/10 with recurring left greater than right leg paresthesias. Upon examination there was excess lumbar lordosis noted, lower back showed 1+/4+ paravertebral muscle spasm with a negative bilateral straight leg raising, and paraesthesias to the right 1st toe web space. Initial impression included intermittent recurring severe lower back painsoastop 12/18/12 surgery for 5 mm herniated lumbar disc at L5-S1 - with prior lumbar pains and lumbar radiculopathy, long left accentuating strain to the lower back slightly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural lumbar injection times 3 every 3-4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 591-592, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections

Decision rationale: Regarding the request for lumbar spine epidural steroid injection, guidelines recommend it as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for use of epidural steroid injections includes: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines also recommend in the therapeutic phase, repeat blocks should be used 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. The request is not reasonable for several reasons. The request does not specify the lumbar levels for the injections. Additionally there is no indication that radicular pain documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing or that it is initially unresponsive to conservative treatment. Also the request is for injection 3 times every 3-4 weeks and guidelines do not recommend repeat blocks should be used 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.