

Case Number:	CM14-0146890		
Date Assigned:	09/12/2014	Date of Injury:	07/11/2011
Decision Date:	10/29/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/10/2014

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 July 11, 2011. A utilization review determination dated August 27, 2014 recommends non-certification of a lumbar epidural steroid injection. Non-certification was recommended due to lack of documentation of recent conservative care. A progress report dated August 13, 2014 identifies subjective complaints of low back pain which radiates intermittently down his left leg. Physical examination findings identify tenderness to palpation from L4-S1, 4/5 strength with left dorsiflexion and plantar flexion, slight allodynia to the posterior aspect of both lower extremities, and positive straight leg raise. Diagnoses include herniated nucleus pulposus of the lumbosacral spine at L5-S1, low back pain, and lumbar sciatica. The treatment plan requests a left L5-S1 selective nerve root block and facet block. The note indicates that a previous epidural injection has helped "reduce his pain for approximately one month." An MRI report dated June 26, 2014 identifies at L5-S1 there is a 3 mm disc protrusion extending into the ventral epidural fat with patent neural foramina and mild facet arthropathy. A note dated May 20, 2013 states that electrodiagnostic studies did not show evidence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Epidural Steroid Injection with MAC (monitored anesthesia care): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46. Decision based on Non-MTUS Citation Official

Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Pain Chapter, Epidural Steroid Injections (ESI)

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 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 is indication that previous epidural injections have provided at least 50% pain relief with functional improvement and reduction in medication use for at least six weeks. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested repeat Lumbar epidural steroid injection is not medically necessary.