

Case Number:	CM14-0149083		
Date Assigned:	09/18/2014	Date of Injury:	08/23/2013
Decision Date:	12/31/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/15/2014

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 male patient with a date of injury of August 23, 2013. A utilization review determination dated August 28, 2014 recommends non-certification of a second epidural injection. A progress note dated August 20, 2014 identifies subjective complaints of constant low back pain rated at a 6-8/10, the pain radiates to bilateral lower extremities with associated numbness and tingling. The patient can only tolerate sitting or standing for 15 minutes at a time. The physical examination reveals that the patient has tenderness of the lumbar paravertebral muscles, straight leg raise test is positive right greater than left, the patients gait is guarded, the patient has limited range of motion with pain, and has diminished sensation to the legs. The diagnoses include lumbosacral neuritis, lumbar disc displacement, and sprain of the lumbar region. The treatment plan recommends a second epidural injection; the patient had about 30% relief with the first injection which has not worn off. The treatment plan also recommends continuation of Norco 10/325 mg. An MRI of the lumbar spine done on January 3, 2014 identifies at L4-L5 a 3 mm posterior central broad-based disc protrusion with mild to moderate narrowing of the thecal sac due to prominence of the epidural fat and bilateral facet hypertrophy and ligamentum flavum thickening. At L5-S1 there is a 2 mm posterior disc bulge with moderate narrowing of the thecal sac due to prominence of the epidural fat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Epidural Injection: 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 Epidural steroid injections (ESIs) Page(s): 46 of 127.

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, the requesting physician has indicated that the patient had 30% improvement with the previous epidural steroid injection with ongoing relief. Unfortunately, there is no documentation of functional improvement or reduction in medication use as a result of that injection. The requesting physician did not specify when the last lumbar epidural steroid injection was done. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.