

Case Number:	CM14-0163328		
Date Assigned:	10/08/2014	Date of Injury:	11/21/2012
Decision Date:	11/07/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/03/2014

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 Occupational 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 54 year old male with a date of injury on November 21, 2012. He is diagnosed with post-traumatic severe right knee osteoarthritis. Magnetic resonance imaging (MRI) scan result of the lumbar spine dated October 21, 2013 showed (a) diffuse disc bulge at the L5 to S1 level with a paracentral disc protrusion, which extended caudally measuring seven millimeters by six millimeters, and impinges upon the transversing left S2 nerve root. Per operative report dated September 4, 2014 she underwent (a) placement of a left L5 to S1 level anterior epidural catheter under fluoroscopy, (b) epidural myelography, and (c) lumbar epidural steroid injection under cinefluoroscopy. Per records dated September 12, 2014, she reported overall 60 to 70 percent improvement in his back pain and radicular symptoms from the first epidural steroid injection. An examination of the back revealed tenderness over the bilateral paraspinal musculature. Ranges of motion of the thoracolumbar spine were limited on flexion about 45 degrees, extension about 10 degrees, and lateral bending about 15 degrees. He was able to heel-to-toe walk without difficulty. A second epidural steroid injection into the lumbar spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The request for lumbar epidural steroid injection under fluoroscopy is not warranted at this time. Guidelines state that to meet the criteria for second epidural steroid injection into the lumbar spine, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50 percent pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than four blocks per region per year. However, in this case, the injured worker did not satisfy the criteria of this condition. While he reported 60 to 70 percent improvement in his back pain and radicular symptoms from the first epidural steroid injection, the medical records indicate that it has been less than six weeks since the last injection was administered. Therefore, it can be concluded that the medical necessity for the requested lumbar epidural steroid injection is not established.