

Case Number:	CM14-0177238		
Date Assigned:	10/30/2014	Date of Injury:	08/27/2007
Decision Date:	12/05/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/27/2014

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 & 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:

The injured worker is a 55-year-old male who sustained an original industrial injury on August 27, 2007. The industrial diagnoses include lumbar disc herniation, lumbar radiculopathy, chronic low back pain, chronic neck pain, and cervical radiculopathy. Conservative treatments to date have included massage therapy, physical therapy, chiropractic care, and pain medications. Pain medications have included nonsteroidal anti-inflammatory drugs and ibuprofen. The diagnostic workup has included a lumbar MRI on date of service August 27, 2010. This revealed lumbar degenerative changes without stenosis. The patient has previously had a lumbar epidural steroid injection which allowed the patient to reduce medications and increase physical activity. The disputed issue is a request for repeat lumbar epidural steroid injection. This was denied by a utilization reviewers since a more recent lumbar MRI study was not available for review. According to the utilization review determination, a lumbar MRI from September 2013 was not submitted by the deadline and thus the epidural steroid injection was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar epidural steroid injection (ESI) at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and 46 of 127 Epidural steroid injections (ESIs).

Decision rationale: According to the utilization review determination, a lumbar MRI from September 2013 was not submitted by the deadline and thus the epidural steroid injection was denied. Regarding the request for 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. 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, I am not able to locate the radiologist's report for the more recently performed lumbar MRI in 9/2013. Furthermore, I am not able to find notes to quantify a percentage improvement from previous epidural steroid injections. In the absence of such documentation, the currently requested Lumbar epidural steroid injection is not medically necessary.