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| Case Number: | CM14-0183882 | | |
| Date Assigned: | 11/10/2014 | Date of Injury: | 11/01/2011 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 10/17/2014 |
| Priority: | Standard | Application Received: | 11/04/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 70-year-old female who has submitted a claim for exacerbated lumbar pain with radiculopathy associated with an industrial injury date of 11/1/2011. Medical records from 5/6/2014 up to 9/25/2014 were reviewed showing flare up of lower back pain, 8/10 in severity with radiations to lower extremities. Pain is aggravated by bending, sitting, squatting, and prolonged standing and walking. Physical examination of the lumbar spine revealed tenderness and guarding, with decreased sensation over the L5 dermatome bilaterally. She is ambulating with an antalgic gait and has weakness with toe and heel walking. Treatment to date has included lumbar epidural steroid injection (2/2014), Menthoderm, Neurontin, Norflex, Prilosec, and Ultram. The utilization review from 10/17/2014 denied the request for Lumbar epidural injection at L4-5. The patient received a previous injection on 2/2014, but there is no documentation of the response to the previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Criteria for the use of Epidura. Decision based on Non-MTUS Citation ODG for Low Back regarding epidural steroid injections (ESIs), therapeutic

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended when radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; if the patient is initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In the therapeutic phase, 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. In this case, the patient complains of a flare up of lower back pain, 8/10 in severity with radiations to lower extremities. Pain is aggravated by bending, sitting, squatting, and prolonged standing and walking. Physical examination of the lumbar spine revealed tenderness and guarding, with decreased sensation over the L5 dermatome bilaterally. She is ambulating with an antalgic gait and has weakness with toe and heel walking. The patient received a lumbar epidural steroid injection last 2/2014. However, there is no documentation of improvement in terms of percentage of relief, duration of benefit, functional improvement, and reduction in medication use. In addition, her symptoms of radiculopathy are not corroborated by imaging studies. Therefore the request for lumbar epidural injection at L4-5 is not medically necessary.