

Case Number:	CM14-0082862		
Date Assigned:	07/25/2014	Date of Injury:	01/03/2013
Decision Date:	09/19/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/04/2014

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 Physical Medicine & Rehabilitation 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 31-year-old male who reported injury on 01/03/2013. The mechanism of injury was the injured worker was pulling a hand truck up a small concrete lip. The prior treatments included physical therapy, chiropractic care and an epidural steroid injection. The injured worker was noted to have an MRI of the lumbar spine revealing a protrusion at L5-S1 with an S1 impingement. The surgical history was not provided. The MRI of 05/04/2013 revealed the injured worker had a central disc protrusion at L5-S1 with mild central spinal stenosis. The documentation of 04/30/2014 revealed the injured worker had complaints of left buttock and left leg pain. The injured worker had strength of 5/5 in the bilateral lower extremities. This injured worker's sensation was intact and the FABER's test was negative. The treatment plan included a series of 3 lumbar spine epidural steroid injections. The Request for Authorization was undated and revealed a request for pain management evaluation and treatment for lumbar epidural steroid injections times 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inj foramen epidural l/s: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy that are corroborated by imaging studies and/or electrodiagnostic studies. There should be documentation of a failure of conservative care including physical therapy, NSAIDs, and muscle relaxants. Additionally, most current guidelines recommend no more than 2 epidural steroid injections and do not recommend a series of 3. 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 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. Additionally, the California MTUS Guidelines indicate that if the injection is used for diagnostic purposes a second block is not recommended if there is an inadequate response to the first block. There was a lack of documentation indicating a rationale for repeat injections with an inadequate response to the prior injection. The documentation indicated the injured worker underwent an epidural steroid injection with no significant improvement. As such, a repeat injection would not be supported. A series of 3 injections is not recommended. Additionally, the request as submitted failed to indicate the laterality and the level for the requested injection. Given the above, the request for injection foramen epidural lumbar spine is not medically necessary.