

Case Number:	CM14-0099106		
Date Assigned:	09/16/2014	Date of Injury:	06/08/2012
Decision Date:	10/16/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/27/2014

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 and Rehabilitation, and is licensed to practice in Alabama. 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 54 year old male who sustained an injury to his low back on 06/08/2012 while trying to load a table onto a flatbed. Prior treatment history has included metformin, Diclofenac, Hydrochlorothiazide, Lisinopril and Atorvastatin. The patient has been treated with 12 sessions of physical therapy. Progress report dated 06/04/2014 states the patient complained of continued pain and discomfort in the low back and bilaterally hips and legs. On exam, lumbar spine revealed spasm and 20% decrease in horizontal torsion and lateral bend. Straight leg raise is positive on the left at 50 degrees, right at 70 degrees, decreased sensation lateral left foot. The patient is diagnosed with spinal stenosis, degenerative disk disease of the lumbar spine; and HNP of the lumbar spine. The patient was recommended for a single epidural injection. Prior utilization review dated 06/11/2014 states the request for Epidural Steroid Injection L5-S1 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Epidural Steroid injection

Decision rationale: The above MTUS guidelines for criteria for the use of epidural steroid injections state "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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8." In this case, there is no documentation of functional improvement or reduction of medication use for 6-8 weeks. Note from 3/31/14 states "excellent benefit from recent lumbar epidural steroid injection, at least 40-50%," but this does not state the duration nor meet the 6-8 week duration because the epidurals were done on "February and March of this year." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.