

Case Number:	CM14-0192875		
Date Assigned:	11/26/2014	Date of Injury:	09/24/2002
Decision Date:	01/14/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/18/2014

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 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:

This is a patient with a date of injury of September 24, 2002. A utilization review determination dated November 14, 2014 recommends non-certification of a left lumbar epidural steroid injection at L5-S1. Non-certification was recommended due to lack of documentation of objective functional improvement with a previous injection. A report dated June 9, 2014 identified subjective complaints of chronic low back pain. The note states that the patient had a lumbar epidural steroid injection "for the left leg which helped approximately 4 months, improving the pain 70%." Physical examination reveals positive Lesegue's test on the left, positive straight leg raise on the left, motor weakness rated as 4/5 on the left DHL and FHL. Sensation is decreased on the left at L5-S1. Diagnoses include status post lumbar fusion, lumbar discogenic disease, lumbar radiculitis, and chronic low back pain. The treatment plan recommends continuing a home exercise program and tens unit, and pending authorization for a lumbar epidural steroid injection on the left at L5-S1. The note states that the patient has failed conservative treatment including oral medication, activity modification, physical therapy, and rest.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 epidural steroid injection at the L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

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

Decision rationale: Regarding the request for repeat 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. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. 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, there is no documentation of functional improvement from previous epidural injections. Furthermore, there are no imaging or Electrodiagnostic studies confirming a diagnosis of radiculopathy. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.