

Case Number:	CM14-0206391		
Date Assigned:	12/18/2014	Date of Injury:	12/08/2011
Decision Date:	02/13/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, 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 December 8, 2011. A utilization review determination dated November 12, 2014 recommends noncertification of a lumbar epidural steroid injection. Noncertification was recommended due to lack of documentation of objective findings supporting a diagnosis of radiculopathy and analgesic efficacy, objective improvement, and duration of relief from previous epidural steroid injections. A progress report dated November 4, 2014 identifies subjective complaints of low back pain "good result in the past with L ESI." Objective findings identify "decreased range of motion and strength." Diagnosis is low back pain. The treatment plan recommends a lumbar epidural steroid injection. A report dated April 17, 2014 indicates that a lumbar epidural steroid injection was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26; 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 indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. Furthermore, there is no objective, imaging or electrodiagnostic studies confirming a diagnosis of radiculopathy. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.