

Case Number:	CM13-0014839		
Date Assigned:	03/10/2014	Date of Injury:	06/28/2011
Decision Date:	05/29/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/22/2013

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 Occupational 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:

The patient is an employee of [REDACTED] and has submitted a claim for lumbar disc disease associated with an industrial injury date of June 28, 2011. Treatment to date has included oral analgesics, lumbar epidural steroid injection, acupuncture, chiropractic therapy, and core strengthening exercises. Medical records from 2012 to 2013 were reviewed and showed significant back pain and leg radiculopathy. Physical examination showed tenderness over the L1 to the sacrum, limitation of motion of the lumbar spine; slightly diminished sensation to the right S1 nerve root distribution; decreased DTRs of the lower extremities; and reduced muscle strength in the bilateral lower extremities. The patient received lumbar epidural injections on April 30, 2013 which only provided mild improvement. Utilization review dated July 24, 2013 denied the request for lumbar epidural steroid injection due to prior injections that provided only mild improvement. There was also no available documentation to note any functional improvement or reduction in medication intake.

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 Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 114-121.

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

Decision rationale: As stated in page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, most current guidelines recommend no more than two epidural steroid injections. 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. In this case, the patient received previous epidural steroid injection however the number of injections received was unclear. As stated in a report written on May 13, 2013, there was only mild improvement derived from the procedure. Moreover, there was no further documentation regarding the functional improvement associated with the procedure. The employee has failed to exhibit any evidence of improved performance of activities of daily living, and failed to exhibit any reduction in dependence on medical treatment. Therefore, the request for lumbar epidural steroid injection is not medically necessary.