

Case Number:	CM14-0103210		
Date Assigned:	07/30/2014	Date of Injury:	03/26/2013
Decision Date:	11/19/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/03/2014

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 Texas. 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:

Medical records reflect the claimant is a 39 year old female who sustained a work injury on 3-26-13. The claimant sustained an injury to the lumbar spine. The claimant has been treated with physical therapy, acupuncture, it, two epidural steroid injection with the last completed on 4-15-14 and medications. Office visit on 6-2-14 notes the claimant has low back pain with right lower extremity improved significantly after the first epidural steroid injection in January 2014. The claimant reported no additional improvement post the second epidural steroid injection on 4-15-14. She had 50% improvement with trigger point injections on 4-15-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 selective nerve root block: Upheld

Claims Administrator 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)

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

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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). Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The claimant did not have improvement post the second epidural steroid injection in April 2014 as required for a repeat injection. Additionally, a series of three injections is not supported. Therefore, the medical necessity for this request is not established.