

Case Number:	CM14-0003577		
Date Assigned:	05/23/2014	Date of Injury:	05/28/2013
Decision Date:	09/24/2015	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 38 year old female who sustained an industrial injury on 5-28-13. She had complaints of low back pain. Treatments include: medication, acupuncture and epidural steroid injections. Progress report dated 12-19-13 reports continued complaints of low back pain and worsening pain in the left leg to the calf. The pain is rated 10 out of 10. The epidural provided improvement on the right side but the left side is worse. Diagnoses include: large L4-5 herniated nucleus pulposus with left sided radiculopathy. Plan of care includes: activity modification to avoid aggravation, pain medications; norco 10-325 mg and flexeril 10 mg, surgical consultation and left L4-5 epidural steroid injections. Work status: temporarily totally disabled. Follow up for epidural steroid injection as soon as possible.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT THE LEVEL OF LEFT L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46-47.

Decision rationale: The current request is for a LUMBAR EPIDURAL STEROID INJECTION AT THE LEVEL OF LEFT L4-5. The RFA is dated 12/27/13. Treatments include: medication, acupuncture and epidural steroid injections. The patient is temporarily totally disabled. MTUS, under Epidural Steroid Injections (ESIs) page 46, 47 states: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Progress report dated 12-19-13 reports continued complaints of low back pain and worsening pain in the left leg to the calf. The pain is rated 10 out of 10. MRI of the lumbar spine from 08/24/13 showed large central disc extrusion at L4-5 with indentation of the thecal sac. The treater states, "surgical consultation - I think she ultimately needs surgery ASAP due to short term benefit with ESI and size of HNP." The treater also recommended another left L4-5 ESI. Report 11/13/13 noted that the patient had "one lumbar epidural injection on 10/31/13. The injection has provided relief." MTUS Guidelines require "at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks," for repeat blocks. In this case, the patient had an ESI on 10/31/13 and report 11/13/13 noted "relief" from prior injection and report 12/19/13 noted "short term benefit from ESI." There is no indication of any medication reduction, or 50% pain relief for 6-8 weeks to substantiate the repeat injection. The requested repeat lumbar epidural steroid injection IS NOT medically necessary.