

Case Number:	CM13-0002310		
Date Assigned:	12/18/2013	Date of Injury:	03/08/2007
Decision Date:	02/06/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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 a 46 YO male with a date of injury of 03/08/2007. Unfortunately, UR denial letter (07/03/2013) was not provided in the medical file for review. Patient has a diagnosis of HNP, right lumbar spine. In reports dated 06/25/2013, 05/20/2013 and 04/18/2013, [REDACTED] requests reconsideration of previously denied LESI. There are no subjective reports and physical examination states "symptoms remain the same". Progress report dated 04/18/2013, states patient presents with continued low back and right leg pain, with numbness in the bottom of his foot, "where he has practically lost all sensation and has some weakness in plantar flexion." SLR was positive on the left. Medical records show patient has already received 3 epidural injections 11/30/2007, 12/13/2007 and 01/07/2008 to the right L4-5 "with good results". An MRI dated 02/10/2012 was provided for review, which showed 4mm broad-based disc protrusion at the L5-S1 level. Moderately severe left-sided neural foraminal narrowing at the L5-S1 level with mild impingement upon the exiting L5 nerve within the left L5-S1 neural foramen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with diagnosis of HNP with low back and right leg pain that radiates down leg with numbness of the foot. Treater is requesting an ESI at L4-5 indicating that it brought relief in the past. The patient had three injections in 2007 and 2008. The treater does not quantify percentage and duration of relief from these injections. MTUS guidelines pg. 46, 47 recommends ESI as an option for treatment of radiculopathy (defined as pain in dermatomal distribution with corroborative findings on imaging study). Progress report from 04/18/2013 has the patient experiencing right leg symptoms but the MRI from 2012 show left-sided severe foraminal stenosis at L5-S1. Although patient experiences significant radicular pain and MRI shows a broad based disc at L5-S1 that may explain the leg pain, in this case, the treater does not quantify the response from prior injections. There is no mention of how long and what percentage of relief the patient experienced and when the leg symptoms came back. MTUS requires 50% reduction of pain lasting at least 6-8 weeks for repeat injection. Furthermore, MTUS does not recommend doing more than 2 injections in most cases. Recommendation is for denial.