

Case Number:	CM13-0005088		
Date Assigned:	03/21/2014	Date of Injury:	10/13/2011
Decision Date:	04/23/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	07/31/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 male patient with the date of injury of October 13, 2011. A utilization review determination dated July 22, 2013 recommends noncertification of repeat lumbar epidural steroid injection. A progress report dated June 24, 2013 includes subjective complaints of moderate back pain and neck pain. Physical examination identifies 5 -/5 strength in his left arm and left leg primarily in the biceps as well as the left anterior tibialis. A review of imaging identifies an MRI performed on January 17, 2013 with a 3 mm L5-S1 annular disc bulge and tear injury. Diagnoses include multilevel cervical disc bulges with radiculopathy and L5-S1 disc bulge/annular tear with radiculopathy. The treatment plan recommends a repeat right L5-S1 epidural steroid injection and indicates that the patient previously had 90% relief for many months after a previous injection. A progress report dated April 29, 2013 indicates that the treating physician would like to get EMG/NCV test results. A progress report dated February 4, 2013 states, "the patient has failed to substantially improved with physical therapy and epidural steroid injections." The note goes on to recommend EMG/NCV testing and a neurology consultation. An MRI of the lumbar spine dated January 17, 2013 identifies at L5-S1 disk space desiccation with evidence of a 5 mm retrolisthesis with a 3 mm central protrusion and annular tear without central or S1 lateral recess stenosis. No neuroforaminal stenosis is identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT LUMBAR EPIDURAL STEROID INJECTION AT RIGHT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for repeat lumbar epidural 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. 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 are no recent subjective complaints supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. Furthermore, there is no documentation of functional improvement or reduction in medication use as a result of previous epidural injections, and in fact there is a statement indicating that they did not help. The request for a repeat lumbar ESI at the right L5-S1 is not medically necessary or appropriate.