

Case Number:	CM13-0015451		
Date Assigned:	03/12/2014	Date of Injury:	03/02/1995
Decision Date:	07/30/2014	UR Denial Date:	07/23/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 a 46 year old female with a date of injury 3/2/95. Her diagnoses include lumbar disc herniation L4-L5 and L5-S1 with radiculopathy, segmental instability, left greater than right, status post hemilaminectomy -microdiscectomy and long-term narcotic use with GI and systemic sequelae. Her injury occurred while unloading boxes while standing on a box. Under consideration is a request for epidural steroid injection, lumbar. The patient's past treatment included a L5-S1 laminectomy and discectomy in 1997 with the apparent development of chronic, subjective back pain. A repeat lumbar MRI scan in August 2011 described a residual, 3mm central protrusion at L5-S1 with no neural structure compromise. There is a 7/15/13 document that states that the patient comes in complaining of pain in her low back which she rates as an 8/10. She states it is aggravated with increased activity of daily living. She states that she has difficulty sleeping and wakes up at night due to the pain. She also complains of dizziness and headaches as well as anxiety and depression due to the pain. She states that prolonged sitting, standing, walking, bending, stooping, kneeling, squatting, twisting, lifting, carrying, pushing, pulling, climbing, and lifting anything over 15 pounds cause the pain to increase. On physical exam the ranges of motion of the lumbar spine reveal that flexion is 50 degrees, extension is 10 degrees, right and left lateral bending is 35 degrees with +2 spasm from T12 to L5 bilaterally. One of the diagnoses listed on document states that the patient is status post lumbar epidural steroid-based injections with about 55% of pain relief, with lesser need for medication. The treatment plan states authorization is pending to proceed with lumbar spine epidural injection. A 6/3/13 document reveals that the patient states the pain continues in the lower back. The pain is traveling to the left lower extremity with numbness and tingling. Physical exam reveals lumbar spine ranges of motion are decreased. There is tenderness to

palpation to the lumbar paravertebral musculature, left greater than right. There is hypersensitivity in the lumbar paravertebral. EHL Muscle strength is 4/5 on the left and 5/5 on the right. The treatment plan states that at this time, authorization is pending for the patient to get a lumbar epidural injection. A 2/25/13 document states that the patient complains of pain and discomfort in her low back. She rates the pain as an 8/10. She states that activities of daily living cause the pain to increase undergo epidural injection to the lumbar spine. This has been recommended primarily as the patient continues to have radicular symptoms into the lower extremities and this would serve to reduce her pain symptomatology. Ranges of motion of the lumbar spine: Flexion 45 degrees, extension 15 degrees, right and left lateral bending 35 degrees. There is a request for a lumbar epidural injection. A 1/14/13 document states that the patient had a non-certification notice from [REDACTED] dated December 12, 2012 for the epidural facet injections of the lumbar spine in a series of 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION, LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Epidural Steroid Injections (ESI), not given.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

Decision rationale: Epidural steroid injection, lumbar is not medically necessary per the MTUS Guidelines. The request as written does not indicate a level for injection. The recent documentation does not reveal current physical exam findings of radiculopathy. The guidelines state that 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. It is unclear how many blocks the patient has had in the past. It is unclear what levels were injected in the past. The documentation also does not reveal how long each injection lasted. The request epidural steroid injection, lumbar is not medically necessary.