

Case Number:	CM13-0019627		
Date Assigned:	10/11/2013	Date of Injury:	10/16/2012
Decision Date:	02/03/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

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 Pain Medicine, 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:

This is a male patient with a date of injury of October 16, 2012. A utilization review determination dated August 20, 2013 recommends noncertification of lumbar epidural steroid injection. An MRI of the lumbar spine dated February 8, 2013 identifies, "L4 - 5: the disc is normal in height and signal intensity. There is a 2 mm right lateral disc bold/protrusion and mild to moderate central canal stenosis due to facet and ligamentum flavum hypertrophy. L5 - S1: the disc is decreased in height and signal intensity. There is a generalized .3 mm disc bulge, which abuts both exiting L5 nerve roots. There is mild central canal stenosis due to facet and ligamentum flavum hypertrophy." A progress report dated March 17, 2013 identifies subjective complaints stating, "the patient currently complains of low back pain and left leg radiculopathy." Current medications include ibuprofen and Norco. Physical examination identifies, "an examination of the lower extremities reveals a grade five strength in the hip flexors, extensors, quadriceps, hamstrings, anterior tibial, posterior tibial, perineal, gastrocnemius and extensor pollicis longus muscles bilaterally. Pinprick sensation failed to reveal any dermatomal deficits. Deep tendon reflexes are normal and symmetric in the patellar and Achilles tendons bilaterally." Diagnosis states, "lumbar disc disease." Treatment plan states, "we are recommending a pain management evaluation for epidural injections with [REDACTED]." A progress report dated April 9, 2013 identifies subjective complaints stating, "persistent lower back pain, central and left side. He denies any radiating leg pain but does get some intermittent numbness in the left leg, mainly thigh and calf." The note goes on to state, "he underwent epidural injections, the most recent of which was about a year ago, which were very helpful. He has also had physical therapy and currently takes anti-inflammatory and analgesic medications." Physical examination identifies, "neurologica

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (level not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) 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, it is acknowledged that there is some sensation loss noted. However, it is unclear exactly what dermatome this sensation loss would correspond with. Therefore, it is impossible to determine whether the MRI findings correlate with the patient's physical examination findings. Additionally, there is no documentation regarding specific analgesic benefit, objective functional improvement, or duration of effect with regards to the previous epidural steroid injection. In the absence of clarity regarding those issues, the currently requested epidural steroid injection is not medically necessary.