

Case Number:	CM13-0024174		
Date Assigned:	11/20/2013	Date of Injury:	03/11/2010
Decision Date:	01/23/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/12/2013

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 Anesthesiology, 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.

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 66-year-old male who reported a work related injury on 03/11/2010. The patient complains of low back pain radiating from low back down both legs. The patient has undergone conservative treatment in the form of medications, physical therapy, and a regular home exercise program. The patient's diagnoses include lumbar facet syndrome, low back pain, sprain of lumbar region, and spinal/lumbar degenerative disc disease. The patient underwent a lumbar epidural steroid injection at L5-S1 on 05/04/2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat L5-S1 epidural steroid injection (ESI): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Recent clinical documentation stated the patient complained of back pain radiating from the low back down both legs. The patient reported he was feeling relief from his Lyrica medication. He also reported he was doing his home exercise program daily and was only able to walk 200 feet before his pain flared up and he needed to sit down and stop. Physical exam of the patient revealed restricted range of motion to the lumbar spine with tenderness to

palpation of paravertebral muscles and a tight muscle band was noted on both sides of the lumbar area. Lumbar facet loading was positive on both sides. Babinski's sign was negative. Motor strength was decreased on the patient's left lower extremity. Sensory examination revealed light touch sensation was decreased over the lateral foot and 1st toe, 2nd toe, 3rd toe, 4th toe, and 5th toe on the right side and lateral thigh on the left side and patchy in distribution. Examination of deep tendon reflexes noted knee jerk was 2/4 on both sides and ankle jerk was 2/4 on both sides with straight leg raising test positive on both sides. The patient's last lumbar epidural steroid injection was done in 05/2011. It was noted that the patient reported 50% pain relief with a reduction in pain score from 10/10 to a 5/10 at his next visit. The patient had at least 3 weeks of significant pain relief. The Chronic Pain Medical Treatment Guidelines indicate that repeat blocks should be based on continued objective documented pain and functional improvement to include at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. There was a lack of documentation stating that the patient had a least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following his lumbar epidural steroid injection. Per the documentation submitted, the patient was noted to have 50% pain relief for a period of 2 to 3 weeks before his pain returned. There is no documentation stating the patient's medications had been reduced. Given the above, the request for repeat L5-S1 epidural steroid injection (ESI) is non-certified.