

Case Number:	CM13-0028818		
Date Assigned:	03/17/2014	Date of Injury:	05/19/2009
Decision Date:	04/16/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/24/2013

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 & Rehabilitation 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 patient sustained an injury on 5/19/09. Requests under consideration include 3 Lumbar Epidural Steroid Injections (LESI) Bilaterally at L5 and S1. Report of 8/15/13 from the provider noted patient had complaints of chronic low back pain with associated leg pain. Exam noted cane-assisted antalgic gait; tenderness to palpation of the lumbar paraspinal musculature; decreased lumbar range of motion; neurological showed diminished reflexes. It was noted the patient's medications allow for some improved activities of daily living. Operative report of 10/14/11 identified a stage II posterior spinal reconstructive surgery at L3-4 and L4-5. Per Functional Restoration Program evaluation report of September 2012 from [REDACTED], conservative care has included physical therapy, chiropractic therapy, aquatic therapy, and epidural injections (patient had 2 before surgery and noted was "not helpful." Although the patient and physician had reported previous epidural injections to be without long term benefit, this request for 3 LESI bilaterally at L5 and S1 was modified on 9/6/13 for 1 LESI citing guidelines criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 LUMBAR EPIDURAL STEROID INJECTIONS BILATERALLY AT L5 AND S1:

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 (ESIs) Page(s): 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing; The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. In addition, to repeat an LESI 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. Conflicting reports of pain relief and duration have been submitted from previous LESI performed. Review does not indicate any change in medication usage, decrease in medical utilization or functional improvement as required per guidelines criteria. Criteria to repeat the LESI have not been met or established. The request for 3 Lumbar Epidural Steroid Injections (LESI) Bilaterally at L5 and S1 are not medically necessary and appropriate.