

Case Number:	CM13-0035513		
Date Assigned:	12/13/2013	Date of Injury:	12/20/2011
Decision Date:	02/25/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 patient sustained an injury on 12/20/11. Request under consideration include injection(s) of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement. Review indicates the patient underwent bilateral transforaminal L5-S1 lumbar epidural injections on 7/31/13 by [REDACTED]. Follow-up report of 8/14/13 from [REDACTED] pain management noted patient with continued back pain without mention of improvement from the first epidural injection done. Exam showed mild muscle spasm, positive SLR with intact neurological exam in strength, normal DTRs, and sensation in the lower extremities. Treatment plan was for a 2nd ESI. The patient was seen again on 8/26/13 with complaints of increase pain and stiffness in the lower back. The patient stated 50% improvement for 2 days after the initial epidural injection. Report of 9/20/13 noted continued low back pain with exam findings as above with additional decreased sensation, but with intact motor strength and DTRs. Request for repeat injection above was non-certified on 10/7/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for injection(s) of diagnostic or therapeutic substances(s) including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement: 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 Page(s): 46.

Decision rationale: This patient sustained an injury on 12/20/11 while employed by the [REDACTED]. Request under consideration include repeat lumbar epidural injection. Review indicates the patient underwent bilateral transforaminal L5-S1 lumbar epidural injections on 7/31/13 by [REDACTED]. Follow-up report of 8/14/13 from [REDACTED], pain management noted patient with continued back pain without mention of improvement from the first epidural injection done. Exam showed mild muscle spasm, positive SLR with intact neurological exam in strength, normal DTRs, and sensation in the lower extremities. Treatment plan was for a 2nd ESI. The patient was seen again on 8/26/13 with complaints of increase pain and stiffness in the lower back. The patient stated 50% improvement for 2 days after the initial epidural injection. Report of 9/20/13 noted continued low back pain with exam findings as above with additional decreased sensation, but with intact motor strength and DTRs. 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, not consistent here. In addition, to repeat a 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. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient only noted 50% improvement for 2 days from initial epidural. Criteria to repeat the LESI have not been met or established. The request for injection(s) of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement is not medically necessary and appropriate.