

Case Number:	CM13-0037395		
Date Assigned:	12/13/2013	Date of Injury:	02/07/2013
Decision Date:	02/18/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/23/2013

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 Family Practice and is licensed to practice in Texas. 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:

The patient is a 43 year old female who reported an injury on 02/07/2013. The mechanism of injury was lifting. The initial complaints were to the patient's lower back and she was subsequently diagnosed with a lumbar sprain, 847.2. The patient's initial treatment included a 5 view x-ray of the lumbar spine which was negative for abnormalities, a back brace, a heat pack, medications, and activity modification. She was then prescribed 6 sessions of physical therapy, as well as 6 sessions of acupuncture. On 03/25/2013, the patient received a lumbar MRI that reported a 6 mm central disc protrusion at L4-5, with possible contact to the L1 nerve root. She was referred for an initial lumbar epidural steroid injection on 04/02/2013 that she did not receive until 09/24/2013. This injection was administered to the L4-5 epidural space. The most recent physical examination dated 06/13/2013 revealed pain and muscle spasm at the L4-5 and L5-S1 level, subjective complaints of numbness and tingling down to the left foot, anterior lumbar flexion of 50 degrees, right lateral bending 20 degrees, left lateral bending 10 degrees, and extension of 5 degrees. The neurological examination revealed decreased sensation to pin prick over the dorsal and lateral aspect of the left foot and motor strength of 5/5 to the bilateral lower extremities. The patient continues to present with lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second epidural steroid injection L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California MTUS/ACOEM Guidelines state the purpose of an epidural steroid injection is to reduce pain and inflammation, restore range of motion, and facilitate progress in a more active treatment program. Criteria for the use of an ESI include objective documentation of radiculopathy corroborated by imaging studies; failed conservative treatment; and repeat blocks should not be administered unless there is objective documentation of at least a 50% decrease in pain, associated reduction of medication use, and functional improvement for at least 6 weeks to 8 weeks. In the PR-2 dated 10/03/2013, it is reported that the patient received relief from the initial epidural steroid injection at L4-5. However, there was no objective documentation providing quantitative pain levels or changes in functional ability. Also, the request for a repeat ESI was made just a little over one week after the initial injection was given, thereby not allowing guideline recommendations of efficacy to be met. Without the documentation of a 6-8 week relief in pain and increase in functional ability, efficacy of the initial injection cannot be established and the need for a repeat injection cannot be determined. As such, the request for a second epidural steroid injection L4-L5 is non-certified.