

Case Number:	CM13-0037957		
Date Assigned:	12/18/2013	Date of Injury:	10/31/2005
Decision Date:	04/14/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

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 female patient sustained an injury on 10/31/05 while employed by [REDACTED]. Requests under consideration include second lumbar spine epidural steroid injection at bilateral L4-5 & L5-S1 and internal medicine pre-operative evaluation (pre-op labs including CBC, SMA, PT, PTT, INR). Report of 7/11/13 from the provider noted the patient with complaints of low back pain with radiation down the lower extremities. Exam showed decreased range of the lumbar spine in flexion/extension, decreased sensation to lateral aspect of foot and ankle with weakness of big toe dorsiflexors and plantar flexors along with facet tenderness and multiple levels. The patient underwent previous Lumbar steroid injections. Report of 8/22/13 noted unchanged symptoms complaints of radicular low back pain into the lower extremities. It was noted the one epidural with good relief; however, the exam was unchanged with same decreased range, decreased sensation and weakness of same area. Current request for repeat second LESI at L4-5 and L5-S1 along with internal medicine consult evaluation for pre-operative procedure with labs were non-certified on 10/14/13 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:

A SECOND LUMBAR SPINE EPIDURAL STEROID INJECTION AT BILATERAL L4-5 & L5-S1: 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 Page(s): 46.

Decision rationale: This female patient sustained an injury on 10/31/05 while employed by [REDACTED]. Requests under consideration include second lumbar spine epidural steroid injection at bilateral L4-5 & L5-S1 and internal medicine pre-operative evaluation (pre-op labs including CBC, SMA, PT, PTT, INR). Report of 7/11/13 from the provider noted the patient with complaints of low back pain with radiation down the lower extremities. Exam showed decreased range of the lumbar spine in flexion/extension, decreased sensation to lateral aspect of foot and ankle with weakness of big toe dorsiflexors and plantar flexors along with facet tenderness and multiple levels. The patient underwent previous Lumbar steroid injections. Report of 8/22/13 noted unchanged symptoms complaints of radicular low back pain into the lower extremities. It was noted the one epidural with good relief; however, the exam was unchanged with same decreased range, decreased sensation and weakness of same area. 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. Although the patient has radicular symptoms with clinical findings of such, 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 are unclear with level of pain relief and duration of benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased work status or activities of daily living. Criteria to repeat the LESI have not been met or established. The second lumbar spine epidural steroid injection at bilateral L4-5 & L5-S1 is not medically necessary and appropriate.

INTERNAL MEDICINE PRE-OPERATIVE EVALUATION (PRE-OP LABS INCLUDING CBC, SMA, PT, PTT, INR): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, 7, PAGE 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.