

Case Number:	CM13-0040641		
Date Assigned:	12/20/2013	Date of Injury:	03/11/2010
Decision Date:	08/18/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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, has a subspecialty in Interventional Spine, 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:

The patient is a 67-year-old male with a date of injury of 03/11/2010. The listed diagnoses per [REDACTED] are: 1. Lumbar facet syndrome. 2. Low back pain. 3. Sprain lumbar region. 4. Spinal/lumbar DDD. According to progress report 09/09/2013 by [REDACTED], the patient presents with radiating pain from the low back down bilateral legs. The patient reports he has continued to have an increase in neuropathic pain down both legs, and he is numb in his right foot between the toes. MRI of the lumbar spine from 04/29/2013 revealed multilevel advanced degenerative L4-L5 disk disease with right spondylotic disk protrusion resulting in compression of the right S1 nerve root and bilateral foraminal stenosis. An updated MRI from 09/30/2013 revealed "re-demonstration of multilevel degenerative disk disease and facet arthropathy which has slightly progressed since the prior exam." L5-S1 revealed posterior endplate ridging and broad-based disk protrusion measuring up to 9 mm. Examination of the lumbar spine reveals range of motion is restricted with flexion limited to 40 degrees, extension limited to 8 degrees, and more pain with flexion. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle band are noted on both sides. Lumbar facet loading is positive on both sides. Sensory examination revealed light touch. Sensation is decreased over lateral foot and 1st, 2nd, 3rd, 4th, and 5th toe on the right and lateral thigh on the left side. Straight leg raise testing is positive on both sides. The treater is requesting a lumbar epidural steroid injection at level L5-S1 to reduce pain and inflammation and to restore range of motion. The utilization review denied the request on 10/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46, 47.

Decision rationale: The treater is requesting a repeat lumbar epidural steroid injection at level L5-S1. The medical records indicate the patient received a lumbar epidural injection in May 2011. The operative report and subsequent progress reports are not provided for review. On 09/09/2013, the treater reported that patient had 50% pain relief, reduction of pain from 10/10 to 5/10 and had at least 3 weeks of significant pain relief from prior injection. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, Recommended as an option for treatment of radicular pain. For repeat injections during therapeutic phase, Continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year. Although prior 2011 ESI operative report and subsequent progress reports are not provided, the treater noted on 9/9/13 that prior injection produced 50% pain relief for at least 3 weeks. MTUS requires pain relief and reduction of medication use of 6 to 8 weeks to consider repeat injections. The request is not medically necessary.