

Case Number:	CM13-0041061		
Date Assigned:	12/20/2013	Date of Injury:	05/01/2013
Decision Date:	03/12/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/10/2013

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 and 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 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 YO male with a date of injury of 05/01/2013. The listed diagnoses per [REDACTED] dated 09/20/2013 are: 1. Lumbar disc protrusion at L4-L5 and L5-S1 level 2. Cervical spondylosis with foraminal stenosis between C3-T1 most on C4-C5 3. Right-sided L5-S1 lumbar radiculopathy 4. Bilateral knee contusion 5. Chronic myofascial pain syndrome According to report dated 09/20/2013 by [REDACTED], patient presents with severe constant low back pain and right knee pain shooting down leg with tingling, numbness and paresthesias. Examination of the lumbar spine revealed increased lordosis and restricted range of motion. There is diminished sensation to light touch along medial and lateral border of right leg, calf and foot. MRI of the lumbar spine dated 11/28/2011 revealed L4-5 disc protrusion with neural forminal narrowing, L5-S1 fissure and possible left S1 nerve root impingement. EMG/NCS dated 08/09/2013 showed abnormal study. "Findings are indicative of right-sided L5-S1 radiculopathy."

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 transforaminal and translaminar epidural steroid injection x1: 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.

Decision rationale: This patient presents with severe constant low back pain and right knee pain that shoots down leg with tingling, numbness and paresthesias. Treater requests a right L5-S1 epidural steroid injection. Utilization review dated 09/30/2013 denied request stating, "there is no (clear) documentation of imaging findings at the right L5-S1 level." The MTUS guidelines has the following regarding ESIs, under chronic pain section (pg 46, 47), "recommended as an option for treatment of radicular pain." Under criteria for use it states, "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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)." Medical file provided for review includes an AME report dated 04/10/2013 by Siu. This report states "On 12/15/2011 and 03/14/2012, ■■■ provided lumbar epidural injections with slight (20%) relief." Operative reports and progress reports for those injections were not provided for review. This patient has received 2 prior lumbar ESIs with minimal (20%) relief and the duration of relief is not discussed. MTUS recommends in the therapeutic phase repeat blocks should only be based on functional improvement and at least 50% decrease in pain lasting at least 6-8 weeks for repeat injection. The requested repeat ESI is not medically necessary and recommendation is for denial.