

Case Number:	CM13-0044302		
Date Assigned:	12/27/2013	Date of Injury:	08/03/2000
Decision Date:	02/28/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/21/2013

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 Pain Management, 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 61 YO female with a date of injury of 08/03/2000. The listed diagnosis per [REDACTED] dated 01/07/2014 is spinal stenosis at L4-L5 level. This request is an appeal for previously denied third Epidural Steroid Injection at L4-L5. According to [REDACTED] appeal letter dated 01/17/2014, patient has had two previous epidural injections "which were proven to be effective." [REDACTED] states, "first procedure has provided her with 60% pain relief followed by substantial improvement of 85%, both lasting more than six weeks." It was noted that MRI of the lumbar spine obtained on 01/14/2013 revealed mild spinal canal stenosis at L4-L5 level with moderate neural foraminal stenosis. No other reports were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for third bilateral epidural steroid injections at L4-L5: 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, 47.

Decision rationale: This patient presents with increased lower back pain that radiates into bilateral legs. Per [REDACTED] appeal letter dated 01/17/2014, patient is status post 2 ESIs "which were proved to be effective." Date of injections and progress reports following the injections were not provided for review. The MTUS guidelines has the following regarding ESIs, under chronic pain section (pg 46, 47), "recommended as an option for treatment of radicular pain." It goes on to states under criteria for use, "Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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 6-8 weeks, with a general recommendation of no more than 4 blocks per region per year." In this patient, while the treater indicates 60% reduction of pain lasting more than 6 weeks, there is no documentation of medication reduction and continued functional improvement. No progress reports are provided following the procedures to ascertain how the patient responded with function and medication reduction. Recommendation is for denial.