

Case Number:	CM13-0044472		
Date Assigned:	12/27/2013	Date of Injury:	03/07/2000
Decision Date:	04/30/2014	UR Denial Date:	10/14/2013
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 74 year old male with a date of injury of 03/07/2000. The listed diagnoses per [REDACTED] are: 1) Other chronic post operative pain 2) Post laminectomy syndrome- lumbar The patient is status post lumbar decompression and discectomy November 2000. According to [REDACTED]. [REDACTED] on 10/08/2013, the patient presents with low back pain. Patient notes improved pain but activities are still limited. Pain was noted to be 3/10. The last lumbar epidural injection was performed on 09/16/2013. Treater states patient is 70% improved. Report from 08/13/2013 Final Determination Letter for IMR Case Number [REDACTED] notes, patient had first ESI on 06/12/2013 "with 75% improvement for 6 weeks. Now returning to baseline." Examination of the lumbar spine revealed tenderness to palpation over the right and left lumbar facets, right and left paravertebral spasms and right and left thoracolumbar spasms. Straight leg raise is positive on the right at 65 degrees and on the left at 65 degrees. There is decrease range of motion with pain with extension, forward flexion, lateral bending, and lateral rotation. MRI of the lumbar spine dated 04/10/2013 revealed, mild lumbar scoliosis, 2-3mm disc bulge at L2-3, status post bilateral effusion from L3 to L5 and 4mm disc protrusion at L5-S1, and minimal effacement of the left S1 nerve root is suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

STEROID/ANESTHETIC INJECTION: 3RD CATHETER DIRECTED LUMBAR EPIDURAL L5-S1 UNDER FLUOROSCOPY AND MONITORED ANESTHESIA:

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: The patient presents with chronic low back pain. The treater is requesting a 3rd catheter directed lumbar epidural injection at L5-S1 under fluoroscopy. The Utilization review dated 10/14/2013 denied the request stating that MTUS does not allow for a "series of three" injections. The MTUS Guidelines has the following regarding ESI under chronic pain section pages 46 and 47; "Recommended as an option for treatment for 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 for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." In this case, the MRI revealed a 4mm disc protrusion at L5-S1 with possible left sided minimal effacement of the S1 nerve root. A review of report from 05/20/2013 describes low back pain that travels down to the foot on the left and right. However, review of reports dated 06/17/13, 07/18/13, 08/13/13 and 09/10/13 show no radiating pain or specific dermatomal distribution of pain/paresthesia as required for a diagnosis of radiculopathy. It appears patient's radiating pain subsided after the initial 06/12/13 ESI. At any rate, the patient was administered still a second ESI on 09/16/2013. The treater states the patient was "70% improved." Duration of pain relief or functional status was not discussed. In this case, the patient does not meet the criteria for a 3rd injection as the patient does not present with radicular pain in a dermatomal distribution anymore. Furthermore, MTUS recommends no more than 2 ESI injections. Recommendation is for denial.