

Case Number:	CM13-0046433		
Date Assigned:	12/27/2013	Date of Injury:	06/16/2006
Decision Date:	06/19/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/12/2013

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 Family Medicine and is licensed to practice in Arizona. 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 59-year-old male with a date of injury on 06/06/2006. The diagnoses include lumbar post laminectomy syndrome, lumbar radiculitis, and degeneration of the lumbar disc. The patient underwent decompressive surgery in 09/2005. The subjective complaints are of 6/10 lower back pain, with radiation and numbness to left leg. The physical exam shows limited lumbar motion, 5/5 motor strength, decreased sensation at left L3-L5 dermatomes, and diminished left knee reflexes. The medications include aspirin, Nexium, amlodipine, Atorvastatin, cyclobenzaprine, gabapentin, ibuprofen, alprazolam, Coreg, and hydrocodone/acetaminophen (APAP). The patient had one (1) lumbar epidural steroid injection on 06/28/2013, with minimal relief per the medical record dated 08/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LUMBAR EPIDURAL STEROID INJECTION (LESI) AT L2-L3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, CRITERIA FOR USE OF EPIDURAL STEROID INJECTIONS.

Decision rationale: The Chronic Pain Guidelines indicate that the purpose of an epidural steroid injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. While for diagnostic purposes, a maximum of two (2) injections can be performed if there is an inadequate response to the first block. The Official Disability Guidelines indicate that an inadequate response of less than thirty percent (<30%) would not warrant a second ESI. For therapeutic injections, repeat blocks should be based on continued objective pain relief and functional improvement, including at least 50% improvement for six (6) to eight (8) weeks. This patient had a previous injection that did not demonstrate pain relief or functional improvement. Since the patient had a failed injection previously, there is no clear rationale that a repeat injection would be a long-term benefit. For these reasons, the medical necessity of a repeat ESI has not been established at this time.