

Case Number:	CM13-0047084		
Date Assigned:	12/27/2013	Date of Injury:	07/23/2012
Decision Date:	02/26/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/04/2013

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 Pediatric Rehabilitation Medicine and is licensed to practice in Illinois and Texas. 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 30-year-old male who reported an injury on 07/22/2012. The mechanism of injury was not provided in the medical record. Review of the medical record reveals that the patient has previously undergone L5-S1 interlaminar epidural steroid injection and a left L5 selective transforaminal epidural injection on 05/29/2013. It was noted on the operative note that the patient suffered from left radiculitis and L5-S1 annular disc tear. MRI of the lumbar spine dated 10/29/2012 revealed (1) a 4 mm central zone centered protrusion seen at L5-S1 with a component of right paracentral extrusion; (2) annular fissure was suggested and there was straightening of the lumbar lordotic curvature noted. The most recent progress note dated 09/25/2013 reports that the patient continued to work with very heavy lifting restrictions and progressed to a home exercise program and stretching regimen. The patient's medication regimen included tramadol and cyclobenzaprine. Subjective complaints were continuous, intermittent to frequent, greater than slight to moderate thoracic spine pain. The patient was noted as having moderate headaches with complaints of insomnia due to pain. Physical examination revealed range of motion of the dorsal lumbar spine was flexion at 60 degrees, extension at 18 degrees, and bilateral left and right flexion at 20 degrees. The patient complained of pain at the end of range of motion for all movements. Straight leg raise produces pain at 50 degrees; however, there were no radicular complaints. Palpation of the thoracolumbar and lumbosacral paravertebral musculature reveals hypertonicity; however, no pain was noted upon palpation. Reflexes, myotome, and dermatome patterns were found to be within normal limits in the lower extremities. The patient's diagnostic impression was myofascial sprain or strain of the lumbar spine comitant with a 4 mm L5-S1 paracentral extrusion, myofascial sprain or strain of the

thoracic spine, post-traumatic headaches, and paravertebral myofasciitis of the thoracolumbar spine. It was noted that the patient continued to use the TENS unit and did benefit from its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Per California MTUS Guidelines, it is stated that, 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 6 weeks to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. It is noted that the patient did undergo receipt of an epidural steroid and transforaminal epidural injection on 05/29/2013. In reviewing the medical record, it is noted that, on the 06/25/2013 clinical note, the patient stated that the previous injection only gave him brief relief from his pain. There is also no objective documentation of pain and functional improvement, including at least 50% pain relief provided in the medical record. As such the medical necessity for a second lumbar epidural steroid injection can be determined. The request for second lumbar epidural steroid injection is non-certified