

Case Number:	CM13-0047354		
Date Assigned:	12/27/2013	Date of Injury:	04/06/2012
Decision Date:	04/25/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/01/2013

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 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 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 57 year old male with a date of injury of April 06, 2012. The patients diagnoses included multilevel degenerative change of the lumbar spine, L3-4 disc bulge and annular fissure, L4-5 disc bulge is present with a central disc protrusion with mild central canal stenosis with moderate left lateral recess stenosis and mild bilateral foraminal stenosis and L5-S1 disc bulge is present with transverse annular fissure and moderate bilateral foraminal stenosis. According to report dated June 26, 2013 the patient presents with worsening pain over the past five (5) to six (6) months. He has weakness in his right lower extremity with an increase in right-sided low back pain. The pain radiates into his right buttock and posterolateral right lower extremity to mid calf. He also complains of numbness and tingling to the ankle and great toe. An MRI of the lumbar spine dated May 12, 2012 revealed multilevel degenerative change, L4-5 disc bulge is present with a central disc protrusion with mild central canal stenosis, L4-5 disc bulge is present with a central disc protrusion with mild central canal stenosis, moderate left lateral recess stenosis and mild bilateral foraminal stenosis, and L5-S1 disc bulge is present with transverse annular fissure and moderate bilateral foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR ESI (EPIDURAL STEROID INJECTION) WITH LUMBAR MYELOGRAPHY/EPIDUROGRAM UNDER FLUOROSCOPIC GUIDANCE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Under Chronic Pain Page(s): 46-47.

Decision rationale: The California MTUS Guidelines recommend ESIs as an option for treatment for radicular pain. For repeat injections, during therapeutic phase, guidelines state that 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. This patient underwent prior injection on Aug 2012 without any documentation of pain reduction, functional improvement and medication reduction. A report from December 2012 states, in fact, that the patient has persistent S1 radiculopathy despite the injection. Given the lack of improvement from prior injection, a repeat injection would not be indicated. Therefore the recommendation is for non-certification.