

Case Number:	CM13-0055319		
Date Assigned:	03/03/2014	Date of Injury:	03/08/2012
Decision Date:	05/12/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/18/2013

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 and 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 59 year old male with date of injury of 03/08/2012. The listed diagnoses per [REDACTED] dated 10/17/2013 are head pain, cervical spine musculoligamentous strain/sprain, cervical spine disc protrusion per MRI, thoracic spine musculoligamentous strain/sprain, lumbar spine musculoligamentous strain/sprain, lumbar spine disc herniation with radiculopathy per MRI, status post interlaminar laminotomy and decompression, bilateral wrist strain/sprain, bilateral wrist, carpal tunnel syndrome per EMG/NCV and right groin strain. According to the progress report, the patient complains of headache as well as pain in the neck, mid/upper back, and lower back. He also complains of pain and numbness in the bilateral wrists/hands. He rates his pain 9/10 per the VAS scale which has increased from 8/10 from his previous visit. There is grade 2 tenderness to palpation over the paraspinal muscles, grade 2 palpable spasm. Range of motion is restricted. There are no changes on neurocirculatory examination. The MRI of the lumbar spine dated 09/25/2013 shows a 5mm central posterior disk protrusion and a 3mm inferior extrusion at L3-L4. The provider is requesting an L3-L4 high volume epidural steroid injection with fluoroscopy and epidurography.

IMR ISSUES, DECISIONS AND RATIONALES

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

A L3-L4 HIGH VOLUME EPIDURAL STEROID INJECTION WITH FLUOROSCOPY AND EPIDUROGRAPHY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Epidural Steroid Injections.

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

Decision rationale: This patient presents with neck, mid/upper back, and lower back pain. This patient is status post laminotomy and decompression from 01/02/2013. The request is for a L3-L4 high volume epidural steroid injection with fluoroscopy and epidurography. The California MTUS Guidelines page 46 and 47 on lumbar epidural steroid injections states, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Furthermore, repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief for up to 6-8 weeks with no more than 4 blocks per region per year. A review of the reports show that the patient had an MRI from 3/28/12 (referenced by AME 2/4/13) showing 6.5mm disc extrusion at L3-4. This AME report also references the patient's prior ESI with minimal improvement for short term, 2-3 weeks. The patient now has had an updated MRI from 9/25/13 showing a 5mm disc with 3mm extrusion at L3-4. The patient's symptoms do not appear to have changed. The provider has asked for a repeat ESI and does not reference prior injection the patient has had. Recommendation is for a denial as the patient tried an ESI in the past for the same problem without much benefit.