

Case Number:	CM13-0056065		
Date Assigned:	12/30/2013	Date of Injury:	10/30/2010
Decision Date:	04/18/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/21/2013

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 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:

This is a 65 year-old female with a 10/30/10 industrial injury claim. She has been diagnosed with: facet osteoarthritis L4/5 and L5/S1; neural encroachment L4/5 and L5/S1 with radiculopathy, refractory; right hip OA and tensor fascia lata tendinitis; and right shoulder pain. According to the 11/5/13 report from [REDACTED], the radicular symptoms have returned, and the patient presents with 7/10 low back pain with right greater than left lower extremity symptoms, 6/10 right hip pain and 5/10 right shoulder pain. Exam shows positive SLR. The plan was to request an updated ESI at L4/5 and L5/s1. The last ESI provided 70% relief of the radicular pain. The available records show the right L4/5 and L5/S1 TFESI was performed on 10/26/2012. There is a 12/4/12 report that states the patient has 8/10 low back pain with right greater than left lower extremity symptoms. The 2nd ESI was on 12/7/12, and the 12/26/12 report states there is 60% relief; however, the back pain is still rated at 8/10 with increasing right greater than left lower extremity symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE OUTPATIENT REPEAT LUMBAR EPIDURAL STEROID INJECTION L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Epidural Steroid Injections Page(s): 46-47.

Decision rationale: According to the medical records provided for review, the patient had a transforaminal epidural steroid injection at L4/5 and L5/S1 on 10/26/12, there was no baseline pain scale provided, and the next available report was dated 12/4/12 and shows 8/10 low back pain radiating down the right greater than left legs. There is no discussion on how long the pain relief lasted, but appears to be less than 39 days or less than 6-weeks. The 2nd epidural steroid injection (ESI) was on 12/7/13 and on 12/26/13 the pain was again rated at 8/10 with symptoms down the legs. The prior ESIs do not appear to have reduced the pain by 50% for 6-8 weeks. The current examination does not identify any specific dermatomal pattern, and there are no imaging or electrodiagnostic studies to verify radiculopathy. MTUS Chronic Pain Guidelines' criteria for ESI states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." And, "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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The MTUS Chronic Pain Guidelines' requirements for ESI or repeat ESIs have not been met.