

Case Number:	CM13-0062199		
Date Assigned:	12/30/2013	Date of Injury:	04/05/2013
Decision Date:	05/13/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/06/2013

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 57-year-old female with date of injury of 04/05/2013. The listed diagnoses per [REDACTED] dated 10/01/2013 are: 1. Annular tear, lumbar spine; and 2. Sciatica, left-sided. According to the progress report, the patient complains of lower back pain. The pain is on the left side of her lower back and radiates into the anterior thigh and posterior leg. The pain is constant and dull. She rates her pain 4/10 and becomes 7/10 during activity. She also indicates that her pain radiates into the right side. The physical examination shows that there is tenderness at the spinous process of the lumbar spine at L4-L5 and at S1. There is also right and left-sided posterior superior iliac spine tenderness. Muscle testing reveals bilaterally strong extensor hallucis longus and anterior tibialis. The straight leg raise is both 80 degrees bilaterally. The treater is requesting a second epidural selective block on the left side or facet joint injection on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRYING EPIDURAL #2, SELECTIVE NERVE BLOCK ON THE LEFT SIDE OR FACET JOINT INJECTION ON THE LEFT SIDE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presented with low back pain radiating to the anterior thigh and posterior leg. The treater is requesting a second epidural selective block on the left side or facet joint injection on the left side. The Chronic Pain Guidelines require 50% reduction of pain lasting six to eight (6-8) weeks with improved function, and reduction of medication for repeat injection. The Guidelines indicate that current recommendations suggest a second epidural injection if partial success is produced with the first injection. In this case, the patient experienced increased pain following the last epidural steroid injection (ESI) on 7/18/13. The requested facet injection is not indicated, given the patient's radicular symptoms. Recommendation is for denial.