

Case Number:	CM13-0063271		
Date Assigned:	12/30/2013	Date of Injury:	05/16/2003
Decision Date:	05/23/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/09/2013

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 51-year-old male with date of injury of 08/16/2013. The listed diagnosis per [REDACTED] dated 10/17/2013 is lumbar disk degeneration. According to the report, the patient has a long history of low back pain. He states that his pain is not well controlled with ibuprofen, and is reluctant to take narcotics for pain control. His last lumbar epidural injection was from 07/2011 at L4-L5 level which provided several months of pain relief. He currently rates his pain at 7/10. Examination shows his gait is antalgic. The paraspinous muscle tone is normal. In addition, the peripheral vascular pulses are normal with normal capillary refill. His range of motion is restricted due to pain. Muscle testing is within normal limits. Lastly, straight leg raise bilaterally is negative. The utilization review denied the request on 11/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION BILATERAL L4-5: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain. The treating provider is requesting a lumbar epidural steroid injection (ESI) at bilateral L4-5. The MTUS Guidelines states that ESI is "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 to 8 weeks with no more than 4 blocks per region per year. In this patient, an MRI (magnetic resonance imaging) of the lumbar spine from 03/29/2010 showed a tiny posterior annular tear at L4-5, but otherwise well-maintained disc spaces without herniation. The patient had an ESI in July 2011 with reported pain relief lasting several months. However, pain relief was not quantified and no documentation was provided regarding medication reduction. More importantly, the patient currently does not present with radiculopathy. Dermatomal distribution of radicular symptoms is not well described and examination shows no motor/sensory or straight leg raise findings. MRI findings do not show a clear nerve root lesion. The recommendation is for denial.