

Case Number:	CM13-0068888		
Date Assigned:	01/03/2014	Date of Injury:	04/19/2001
Decision Date:	04/21/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/20/2013

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, 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 56-year-old who was injured on 04/19/2001. The mechanism of injury is unknown. Prior treatment history has included home exercise program. The patient underwent left L5-S1 transforaminal epidural steroid injection and right L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance and with conscious sedation on December 23, July 29, and January 14, 2013, June 18, 2012, and October 22, 2009. The patient has been encouraged and instructed to exercise. PR2 dated 11/25/2013 documented the patient to have complaints of burning, pulsating, stinging, throbbing pain. The pulsating and throbbing is like a "hot needle" to the middle and bilateral low back and to bilateral lower extremities. The patient has left lower extremity weakness, numbness, and tingling. The patient has spasms of his low back. DTRs of the lower extremities are 2+; sensation to light touch and pinprick are intact throughout and except for diminished light touch sensation in a L5-S1 on the left side dermatomal distribution. Lumbar/lumbosacral spine palpation revealed tenderness noted over paraspinal muscles overlying the facet joints on the left side; straight leg raise seated is positive on the left side at 45 degrees. PR2 dated October 2, 2013, indicated the patient had dramatic relief from the lumbar epidural steroid injection he underwent in July 2013. The patient received 75% relief of pain levels with pain decreased from "beyond 10" to 4-5/10. PR2 dated July 2, 2013, documented the patient to have complaints of numbness and tingling to bilateral feet, left greater than right. The patient is having difficulty bending over to tie his shoes due to pain. The patient's last injection in January 2013 decreased his pain by about 60%. Objective findings on exam revealed deep tendon reflexes, knee jerk is 3 out of 4 on both sides, ankle jerk is 2/4 on both sides; seated straight leg raise is positive bilaterally. There is hypoesthesia to the lower extremities bilaterally in the S1 distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LUMBAR EPIDURAL STEROID INJECTION (ESI): Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, ESIs is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The medical records document the patient complained of low back pain and bilateral lower limbs pain more in left with numbness and tingling, the pain was relieved with the previous ESIs, in the physical examination there was tenderness to palpation on the lumbosacral area, straight leg raising test was positive on left side, hypoesthesia in left L5, S1 dermatomes. The medical record indicated home exercise program was encouraged, but there was no documentation to show how the patient responded. In addition, PR2 dated October 22, 2013, indicated the lumbar epidural steroid injection in July 2013 provided 75% relief of pain but did not specify the duration. Guidelines indicate that repeat ESI is not warranted if the patient does not have at least 6 weeks of >50% pain relief. The request for one lumbar ESI is not medically necessary or appropriate.