

Case Number:	CM13-0072585		
Date Assigned:	01/08/2014	Date of Injury:	02/15/2008
Decision Date:	05/21/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & 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 Physician 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 61-year-old male with a date of injury of 02/15/2008. The listed diagnoses according to [REDACTED] are: 1. Low back pain. 2. Bilateral buttock and leg pain. According to reports dated 08/22/2013 by [REDACTED], the patient presents with chronic low back pain. Patient states the pain is severe with symptoms that radiate to the head, neck, back, buttock, leg, hip, knee, foot, and toes. Examination reveals spasm in the low back. There is 40 degrees of flexion and 10 degrees of extension. Straight leg raising is positive bilaterally. MRI dated 08/05/2013 of the lumbar spine shows 2- to 3-mm bulging at disc level L2-L3, 5 mm at L3-L4, 5 to 6 mm at L4-L5, and 2 mm at L5-S1. He has been through a course of physical therapy and medications and is currently taking Norco. Request for authorization is dated 11/26/2013 and requests a repeat lumbar epidural steroid injection x1 at left L3-L4, L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (ESI) AT L3-4, L4-5, L5-S1 TIMES ONE (1): 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 SECTION EPIDURAL STEROID INJECTIONS (ESI) Page(s): 46-47.

Decision rationale: This employee presents with chronic low back pain. The treating provider is requesting a repeat lumbar injection at level L3-L4, L4-L5, and L5-S1. The MTUS Guidelines page 46 and 47 recommend epidural injection as an option for treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings on radiograph studies. Medical records indicate the employee underwent a 2-level (L4-5 and L5-S1) ESI, which was certified on 09/06/2013. Progress report dated 10/03/2013 by the treating provider, reported 90% response. Subsequently, there was a request for authorization dated 11/26/2013 for a repeat injection for 3 levels (L3-4, L4-5 and L5-S1). In this case, although the employee presents with significant herniation shown on the MRI from 08/05/2013, MTUS is clear that no more than 3 levels are to be injected at a time. Furthermore, for repeat injections, MTUS guidelines require 50% reduction of pain lasting 6-8 weeks, and reduction of medication use. Recommendation is for denial.