

Case Number:	CM14-0002560		
Date Assigned:	01/24/2014	Date of Injury:	04/05/2011
Decision Date:	06/24/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/07/2014

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 Occupational Medicine, 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 male who has submitted a claim for low back strain with left lower extremity radiculopathy associated with an industrial injury date of April 5, 2011. The patient complains of low back pain rated 7/10 with left lower extremity pain, numbness and paresthesias to the left fifth toe. An MRI study done in 2011 was essentially normal. Physical examination of the lumbar spine showed a mildly antalgic gait; limitation of motion; a positive straight leg raise on the left; a positive FABER test bilaterally; and hypesthesia of the left fifth toe. The diagnosis was low back strain with left lower extremity radiculopathy. The patient has received 2 lumbar epidural steroid injections; the last one was on November 2012 which improved his symptoms by 50% based on a progress report on May 16, 2013. Treatment plan includes a repeat lumbar epidural steroid injection. Treatment to date has included oral analgesics, muscle relaxants, TENS unit, lumbar epidural steroid injections and physical therapy. A utilization review from December 18, 2013 denied the request for lumbar epidural steroid injection because there was no corroborative evidence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009, Page(s): 46.

Decision rationale: Page 46 of the MTUS Chronic Pain Guidelines states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following a previous injection. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. In this case, the patient has received 2 lumbar ESIs, which provided 50% symptom improvement; however, the duration of pain relief was not mentioned. The MTUS Chronic Pain Guidelines only recommends repeat injections when at least 50% pain relief was achieved for six to eight weeks. Also, the MTUS Chronic Pain Guidelines does not support more than 2 ESI injections. Furthermore, the request was not specific with regards to the level and laterality to be injected. The MTUS Chronic Pain Guidelines' criteria were not met. Therefore, the request is not medically necessary and appropriate.