

Case Number:	CM14-0002807		
Date Assigned:	01/29/2014	Date of Injury:	07/31/2003
Decision Date:	06/19/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/08/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 48-year-old male with complaint of lower back pain. The injury was a result of lifting his 90 pound little (adult) brother, whom he has provided care for. While perform duties associated with all his brother's activities of daily living, the patient assisted his brother from his wheel chair onto a commode with twisted position from right to left, and felt an instant pain in his back radiating to his right leg. The injury occurred on 07/31/03. Since then, he has had a noted history of lumbar pain, loss of range of motion, myospasm and weakness culminating in L5-S2 fusion following a microdiscectomy. The patient complains of continuous-severe burning pain in the low back with radiating pain to both legs (right worse) associated with pins and needles, tingling, numbness, pressure, tensions and stabbing sensations. Pain is 8/10, aggravated by prolonged sitting, walking and standing, bending and climbing. He is currently taking methadone for pain management and being followed with urine drug screens. An MRI (magnetic resonance imaging) dated July 13, 2012 demonstrates L5-S1 disc desiccation with height loss, straightened lordotic curvature, an L4-L5 disc bulge of 1.5mm in neutral, 1.9mm in flexion, and 3.0mm in extension. Post surgical fusion with significant apparent central canal narrowing. L5-S1 disc budge measuring 3.9mm in neutral, 5.7mm in flexion, and 3.8mm in extension. Per the report, the neural foramina were not definitively evaluated.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CAUDAL ESI (EPIDURAL STEROID INJECTION) UNDER FLUOROSCOPIC GUIDANCE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

Decision rationale: According to the MTUS guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain that "must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" with the procedure performed under fluoroscopy for guidance. MTUS states that repeated ESI treatment "should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The MTUS guidelines are specific as to what must be demonstrated in order to obtain an ESI. In this case, although the patient has obvious documentation of radicular symptomatology in his progress reports and other medical documentation, none are collaborated with either electrodiagnostic testing or imaging studies that addresses neuro-foraminal narrowing or impingement. As a result, the request is not medically unnecessary and appropriate.