

Case Number:	CM14-0003865		
Date Assigned:	02/05/2014	Date of Injury:	09/10/2010
Decision Date:	06/20/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/10/2014

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 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:

This patient is a 61-year-old female with date of injury 09/10/2010. Per treating physician's report on 12/21/2013, the patient presents with chronic low back pain and discomfort with spinal stenosis at multiple levels from L2 to S1. "She had an epidural steroid injection that helped her." Examination showed no motor or sensory deficits. Assessment was multiple level spinal stenoses at L3 to S1, status post epidural steroid injection. Under discussion, it states, "We did well with patient's injections, and we requested more." Review of the reports shows that the patient has had epidural steroid injections on a number of occasions in the past, twice in 2011, twice in 2012, with the last one on 08/14/2013. 09/12/2013 report states that the patient had an epidural steroid injection which helped her, but pain has worsened after her fall. "Improvement was greater than 50%, and the patient still keeps improving." Under discussion, it states that the patient wants to get back to work and that she will allow her to do that. Under work restrictions, "Patient has no work restrictions." 10/24/2013 report indicates that the patient's current leg pain is 6/10, back pain is 7/10 to 8/10, hip pain is 6/10 to 7/10. She was working full duty, but then she was fired. Handwritten report by chiropractic physician 09/11/2013 states, "08/14/2013, L/S epidural, only 20% relief of LBP and left leg radiating. Now, onset of left knee weakness and difficulty with kneeling and squatting." QME report from 10/03/2013 is reviewed with current complaints of left low back, left buttock, left leg. Average intensity 6/10 to 7/10 in the low back and about 5/10 in the leg. Under discussion, this report states, "She now informs me that she is worse off currently than when she was originally evaluated." The request for repeat lumbar epidural steroid injection was denied by utilization review letter 12/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L4-5 EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Inject.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 46-47.

Decision rationale: This patient presents with chronic low back with radiating symptoms down the left lower extremity. The request is for repeat lumbar epidural steroid injection on the left side at L4-L5. Review of the reports showed that the patient had an MRI on 10/31/2011 that showed diffuse disk bulge measuring 2 to 3 mm at L3-L4 and L5-S1, anterior disk bulge measuring 3 to 4 mm from L1 to L5. Patient's last epidural steroid injection was 08/14/2013. Following the injection, there are conflicting reports regarding the patient's response. ■■■■■ report from 09/12/2013, 10/24/2013, and 11/21/2013 would indicate that the patient experienced significant reduction at least by 50% and continued to improve. However, patient apparently took a fall with worsening symptoms. Patient's work status was that the patient was working, but patient was apparently fired and stopped working. As of 09/12/2013 and 10/24/2013, ■■■■■ recommended no work restrictions, but by 11/21/2013, patient was placed on temporary total disability. Review of the chiropractic physician's report from 09/11/2013 indicates that the patient had less than dramatic reduction of pain following the injection. The chiropractic physician has the patient's relief at 20% with persistent significant pain. Patient also was evaluated by a QME physician on 10/03/2013, and this report does not discuss any reduction of pain following epidural steroid injection, although epidural steroid injection was discussed. The patient was noted to continue to experience pain at an intensity of 6/10 to 7/10. MTUS Guidelines require clear documentation of radiculopathy for epidural steroid injection. MTUS Guidelines also require a documentation of 50% or more reduction of pain lasting 6 to 8 weeks and functional improvement including reduction of medication use. In this case, the last injection was on 08/14/2013 with conflicting results. One report has 20% pain reduction, another at 50% reduction. The QME evaluator did not pick up on any improvement following the injection. There is also no documentation that the patient was taking less medications. There is also lack of clear documentation regarding radiculopathy. MRI of the lumbar spine only showed 2- to 3-mm disk bulges at multiple levels without description of stenosis that the treating physician references. Given the lack of clear improvement from the last injection and lack of clear documentation of radiculopathy, recommendation is for denial.