

Case Number:	CM14-0005463		
Date Assigned:	01/24/2014	Date of Injury:	03/10/2003
Decision Date:	06/09/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/13/2014

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:

The patient is a 47 year-old male with a 3/10/2003 industrial injury claim. He has been diagnosed with lumbar degenerative disc disease and radiculitis. According to the 12/5/13 pain management report, from [REDACTED], the pain is at 8/10 and the LESI is wearing off. [REDACTED] states he patient gets 70% relief with the ESI, and with injections and medications, he is continuing to work, stay active and functional. He takes hydrocodone 10/325mg q4-6h, #180, and tramadol 50mg q4-6h, #120. On 12/18/13 UR recommended not medically necessary for a repeat LESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT THE RIGHT L5 UNDER FLUOROSCOPY WITH ANESTHESIA: Upheld

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

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

Decision rationale: The patient presents with chronic low back pain. On 12/5/13, the pain management physician requested another LESI at the right L5. I have been asked whether the LESI is in accordance with MTUS guidelines. MTUS states epidural steroid injections are: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). " MTUS gives specific criteria for epidural steroid injections, the first item is: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The 12/5/13 neurologic exam did not identify any dermatomal distribution of pain. There were no MRI or electrodiagnostic reports provided for this IMR. Pain medications for 12/5/13 included hydrocodone 10/325mg q4-6h, #180, and tramadol 50mg q4-6h, #120. His pain level on 12/5/13 are listed as 8/10. The physician states he had 70% relief from the prior ESI. The 11/7/13 report also reports 8/10 pain and the medication dosage is unchanged. The 11/7/13 report states the patient had over 80% reduction in symptoms from the ESI. The next report is dated 9/10/13, pain level was listed as 5/10, medication dosage remained the same. The ESI was on 8/28/13, and was a right L5 TFESI with right SI joint injection, with MAC sedation, Versed and fentanyl 100mcg. The report just prior to the ESI was 8/12/13, VAS was 8/10, no dermatomal distribution was identified. Medications remained at hydrocodone #180, tramadol #120. The request for a lumbar ESI is not in accordance with MTUS guidelines. There is no dermatomal distribution of pain identified, there are no imaging or electrodiagnostic studies provided. There is no functional improvement documented with the prior ESI provided on 8/28/13. MTUS states: "In the therapeutic phase, repeat blocks 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," The records show pain levels going from 8/10 prior to the ESI, to 5/10 a couple weeks after the injection, then back up to 8/10 by 11/7/13. This is less than 50% improvement, and there was no reduction in medication use.