

Case Number:	CM14-0101085		
Date Assigned:	07/30/2014	Date of Injury:	07/02/2012
Decision Date:	10/01/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/30/2014

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 53 year old male with an injury date of 07/02/12. Based on 02/03/14 progress report provided by [REDACTED] the patient complains of severe lumbar pain radiating to legs, rated 8/10 with flareups reaching 9/10. Patient has difficulty climbing stairs, with prolonged walking and performing normal daily activities. He had a lumbar epidural steroid injection at left L4-5, left L5-S1 levels on 02/26/14 per operative report. Patient rates pain at 7-8/10 per progress report dated 04/10/14 by [REDACTED]. Physical Exam 02/03/14:- there is severe guarding to deep palpation over the lumbar area, associated with severe myofascial pain- there is pain over spinous processes L4-L5, L5-S1 with reproduction of radiculitis of lower extremities- decreased range of motion, especially forward flexion at 70 degrees- Straight leg raising tests are severe positive in both the seated and supine positions- Gaellen's, Patrick Faber tests are positive bilaterally- Sacroiliac joint thrust test is positive on left. Diagnosis 02/03/14- Lumbar sprain/strain- Lumbar paraspinal muscle spasms- Lumbar multiple disc herniations- Lumbar radiculitis/radiculopathy to bilateral lower extremities, more significant on left leg- Left sacroiliac joint inflammation. severe and progressive. with difficult radiation to posterior and lateral aspect of the thigh Per treater report dated 04/02/14, patient states 50% improvement with first lumbar spine ESI performed on 02/26/14 at left L4-5, left L5-S1 levels. It is stated that patient has been approved for first left SI joint injection, which was performed on 04/16/14. Diagnosis and physical exam findings are unchanged between progress reports dated 02/03/14 and 04/02/14, except for 'forward flexion' which increased from 70 degrees to 75 degrees. No pain scales were found on report dated 04/02/14, and there was no change in medications. Treater report 04/02/14 states "failure of conservative treatment including physical therapy, home exercise and acupuncture has been documented and showed limited improvement." [REDACTED]

█████ is requesting 2nd Lumbar Epidural injections at L5-S1. The utilization review determination being challenged is dated 07/02/12. The rationale is "while there was mention that patient improved 50 percent with first lumbar ESI, there was no detail as to what specific duration of pain relief was achieved and whether significant pain medication occurred..." ██████████ is the requesting provider, and he provided treatment reports from 12/11/13 - 05/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Lumbar Epidural Injection at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: Patient complains of severe lumbar pain radiating to legs, rated 8/10 with flareups reaching 9/10. The request is for 2nd Lumbar Epidural injections at L5-S1. Per progress report dated 04/02/14, patient reports 50% improvement following first injection. Based on physical exam dated 04/02/14, forward flexion increased from 70 to 75 degrees. Patient rates pain at 7-8/10 per progress report dated 04/10/14 by ██████████. MTUS has the following criteria regarding ESI's, under its chronic pain section Page 46,47 "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, with a general recommendation of no more than 4 blocks per region per year." Treater mentions 50% pain relief per progress report dated 04/02/14. There is no documentation of associated reduction of medication use when actually reviewing the reports. No significant functional improvements are documented either. Report does not meet guideline criteria. Recommendation is for denial.