

Case Number:	CM14-0103370		
Date Assigned:	08/01/2014	Date of Injury:	10/04/2012
Decision Date:	10/01/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/03/2014

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 and Pain Management, 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 an injury date of 06/04/12. Based on 03/06/14 progress report provided by [REDACTED], the patient has lumbar spine flare ups with pain. Physical examination to the lumbar spine reveals tenderness to palpation in the upper, mid and lower paravertebral muscles. The range of motion is decreased, especially extension 10 degrees. Straight leg raising and rectus femoris stretch sign do not demonstrate any nerve irritability. Neurological examination of the lower extremities reveal a patchy, decreased sensation in the bilateral lower extremities, most notably in the L5 distribution. Diagnosis 05/14/14- lumbar spine strain- lumbar radicular syndrome- lumbar disc protrusions at L4-5, L5-S1 levels with degenerative changes MRI Lumbar Spine 10/21/13 (per utilization review letter dated 06/04/14)- L5-S1 disc herniation Based on progress report dated 09/16/14 by [REDACTED], patient underwent lumbar epidural steroid injection on 09/04/13. Treater states that procedure has not been helpful to relieve patient's lower back and lower extremity complaints. He also states that he is "doubtful if the patient would benefit from additional epidural steroid injection as he has other modes of treatment, surgical intervention and evaluation." Progress report dated 05/14/14 states that patient awaits authorization to proceed with second lumbar epidural injection. [REDACTED] is requesting 1. Inject Spine Lumbar/Sacral. The utilization review determination being challenged is dated 06/04/12. The rationale is "treater failed to convince lumbosacral radiculopathy. Patient has positive MRI dated 10/21/13. Previous block did not show documentation of functional improvement, nor amount and duration of any pain relief. [REDACTED] is the requesting provider, and he provided treatment reports from 09/16/13 - 05/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inject spine lumbar/sacral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Criteria for the use of Epidural Ster.

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

Decision rationale: The patient presents with lumbar spine strain and is awaiting authorization for second lumbar epidural injection. The request is for Inject Spine Lumbar/Sacral. Per progress report dated 09/16/14 by [REDACTED], patient underwent lumbar epidural steroid injection on 09/04/13 and treater states that procedure has not been helpful to relieve patient's lower back and lower extremity complaints. Regarding Epidural Steroid Injection, lumbar, MTUS has the following regarding under its chronic pain section: Page 46,47: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," and also "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." In review of reports, treater has not documented radiculopathy, nor has it been corroborated by imaging studies. Furthermore, this is a request for a repeat block. There is no evidence of functional improvement or pain relief from previous procedure. Progress report dated 09/16/14 states that treater is "doubtful if the patient would benefit from additional epidural steroid injection." Request does not meet guideline indications. The request is not medically necessary and appropriate.