

Case Number:	CM14-0104123		
Date Assigned:	07/30/2014	Date of Injury:	08/03/2011
Decision Date:	09/30/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 56-year-old female who has submitted a claim for degeneration of intervertebral disc, site unspecified associated with an industrial injury date of Aug 3, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant achy and sharp pain at the lumbar spine area, rated 4-8/10. The pain was worse with prolonged sitting and standing along and associated with spasms. The patient also had numbness and tingling in the right foot. On examination of the lumbar spine, the patient was found to have loss of lordosis, and diffuse tenderness. MRI of the lumbar spine dated 1/3/14 documented increasing disc space narrowing at L2-3 and L3-4 but without significant change otherwise. Small osteophytes present without significant stenosis or nerve root compression. Electrodiagnostic study dated 2/27/14 documented no electrophysiologic evidence of entrapment neuropathy on the peroneal and tibial nerves. No electrophysiological evidence to support motor radiculopathy in the lower extremities. No electrophysiologic evidence to support distal peripheral neuropathy on the lower extremities. Treatment to date has included left posterior superior iliac spine cortisone injection, exercise, physical therapy and medications. The patient also underwent epidural injection on 10/31/13, which did not help with the symptoms. Utilization review from June 23, 2014 denied the request for Lumbar Spine Epidural Injection # 2 at L4-L5 because the records do not establish a clear cut unequivocal diagnosis of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Epidural Injection # 2 at L4-L5: 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 injections Page(s): 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state 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 this case, the patient underwent ESI on October 31, 2013; however, this was noted to be of no help with the symptoms. Furthermore, the patient's current complaints and the provided objective findings do not support presence of focal neurologic dysfunction. Therefore, the request is not medically necessary.