

Case Number:	CM14-0104163		
Date Assigned:	08/01/2014	Date of Injury:	09/24/2009
Decision Date:	12/15/2014	UR Denial Date:	06/19/2014
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, 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 57 year old male with an injury date of 9/24/09. Work status as of 5/13/14: "The patient remains temporarily totally disabled." Based on the 6/05/14 progress report by [REDACTED] this patient complains of low pain and "lumbosacral pain as sharp, burning, worse in morning" and his buttock pain "is worsened spontaneously and with extension and prolonged sitting." The progress report says this patient's lumbosacral and buttock pain "are clearly different symptoms, the buttock pain being located in the buttock well below the lumbosacral pain." The "lumbosacral pain comes on after a short period of standing, walking or sitting" and the "buttock pain comes on as an after effect of prolonged sitting standing or walking." Diagnoses for this patient are:- Sacroilitis Positive Patrick Faber bilaterally and Yeomans on the right- Lumbar spondylosis MRI showing facet arthropathy at L4,5 tenderness on exam bilaterally R>L next to the spinous processes in the low lumbar spine and pain on the lumbar extension and lateral bending- Myofascial pain syndrome FMSo With right piriformis pain responding partially to home exercises learned with Rehab Strategies- Deg Disc Disease5/13/14 progress report history:- Status post right total knee replacement, 2012- Status post left total knee replacement surgery 5/15/13- Bilateral L4-5, L5-S1 MBB on 1/08/14, which provided 40% relief- Status post epidural steroid injection, 2/10/14 and 3/07/14- Left L4-5, L5-S1 TFESI on 4/09/14, which provided adequate short-term relief- Completed PT for his knee and a course of PT for his back and buttock pain accompanied by medical management for two monthsThe utilization review being challenged is dated 6/19/14. The request is for epidural steroid injection for lumbar/sacral spine. The requesting provider is [REDACTED] and he has provided various reports from 1/02/14 to 6/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection for Lumbar/Sacral Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epidural Steroid Injections (ESIs)

Decision rationale: This patient presents with "sharp and burning" lumbosacral pain. The treater requests an epidural steroid injection for lumbar/sacral spine. Regarding epidural steroid injections, California Medical Treatment Utilization Schedule (MTUS) guidelines require documentation of radiculopathy defined by dermatomal distribution of pain corroborated by examination and imaging studies. California MTUS guidelines also recommend repeat blocks to 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. This patient complains of "sharp and burning" lumbosacral pain and positive for numbness in the leg. Patient tests positive for Patrick Faber bilaterally and Yeoman's on the right with right piriformis pain. The 1/13/14 magnetic resonance imaging (MRI) of lumbar spine shows a "broad-based disk protrusion superimposed on bilateral facet joint arthropathy causing mild narrowing of the central canal at L4-5. There is moderately severe narrowing of the subarticular recesses of L4-5 with mild impingement of both traversing L5 nerve roots" and "moderately severe narrowing of both L5-S1 neural foramina with mild impingement of both exiting L5 nerve roots." This patient has already had four steroid injections from 1/08/14 to 4/09/14, with no documentation indicating the reduction of medication use for six to eight weeks. Furthermore, California MTUS guidelines recommend no more than 4 blocks per region per year. The treatment is not medically necessary and appropriate.