

Case Number:	CM14-0105335		
Date Assigned:	07/30/2014	Date of Injury:	09/05/2010
Decision Date:	12/31/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/08/2014

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 79-year-old male with injury date of 09/05/10. Based on the 02/04/14 and 06/18/14 progress report, the patient complains of low back pain radiating down to left leg. The patient describes his back pain as achy and sharp pain rated 5/10 with rest, and 7/10 with activity such as walking and standing prolonged period of time, affecting his activities of daily living. Per 06/18/14 progress report, patient stated that cortisone injection to the spine from the last visit was not effective. Physical examination to the lumbosacral spine revealed tenderness to palpation, spasm and thickening of the surrounding tissue area, decreased lumbar extension, painful range of motion in all directions. Positive straight leg raise test. Per progress report 06/18/14, provider requests left L5-S1 translaminar epidural steroid injections, Oswestry 34%. According to the 06/27/14 progress report, the provider stated that the patient had "partial benefit" with epidural steroid injection. The diagnosis dated 06/18/14 was lumbar spondylosis. The utilization review determination being challenged is dated 06/25/14. The rationale is "...there is no evidence of objective and functional improvement for at least six weeks from the recent injection." Treatment reports were provided from 02/04/14 - 06/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 Translaminar Epidural Steroid Injections: Upheld

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

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

Decision rationale: The patient presents with low back pain radiating down to left leg. The request is for left L5-S1 translaminar epidural steroid injections. The patient's diagnosis dated 06/18/14 was lumbar spondylosis. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47, "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 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." Per progress report 06/18/14, provider requests left L5-S1 translaminar epidural steroid injections for 34% of Oswestry. According to the 06/27/14 progress report, provider states that the patient "had partial benefit with injection...Injection will help with mobility and fall prevention." MTUS requires at least 50% pain relief with associated reduction of medication use for six to eight weeks, and continued objective documented pain and functional improvement for repeat blocks. Per 06/18/14 progress report, patient states that "cortisone injection of the spine from the last visit was not effective." The request does not meet guideline indications. Therefore, this request is not medically necessary.