

Case Number:	CM14-0108663		
Date Assigned:	08/01/2014	Date of Injury:	02/11/2000
Decision Date:	08/29/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/11/2014

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 59-year-old male with a date of injury of 02/11/2000. The listed diagnoses per [REDACTED] are: HNP (herniated nucleus pulposus), lumbar spine, L4-L5 and L5-S1; Lower extremity radiculopathy - flare-up; Lumbar spine facet syndrome; and Gastritis. According to progress report 06/12/2014 by [REDACTED], the patient presents with a flare-up of his chronic low back pain and radiculopathy. Treater states the patient has no lower spine HNP which has been stable with periodic LESI (lumbar epidural steroid injection). He states the patient has previously been recommended by AME (agreed medical evaluation) with provision for up to 4 injections per year. The patient has previously had therapeutic epidural injections, which were very effective in alleviating his severe flare-up but now is having a re-occurrence. The patient complains of pain in his back and legs that limit him with his ADL (activities of daily living). He would like to try another injection. Examination revealed moderate TTP at L4-L5 and L5-S1 and facet region. Range of motion was limited with mild pain. Sensation was decreased at L4 and L5 distribution. Positive straight leg raise was noted. Request for authorization from 06/28/2014 requested lumbar epidural steroid injection. Utilization review denied the request on 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Repeat epidural injections.

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

Decision rationale: This patient presents with chronic low back and leg pain. The treater states the patient has a flare-up of low back pain and radiculopathy and is requesting a repeat lumbar steroid injection. The treater reports the patient has previously been stable with periodic LESI but now presents with a flare-up and is requesting another injection. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, Recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. For repeat injections during therapeutic phase continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with general recommendation of no more than 4 blocks per year. The medical file provided for review includes 1 progress report. The treater does not provide a discussion regarding prior MRI findings, if any. He also does not provide progress reports demonstrating pain relief, reduction of medication or functional improvement from prior injections. Recommendation is for denial.