

Case Number:	CM14-0011409		
Date Assigned:	02/21/2014	Date of Injury:	05/19/2009
Decision Date:	08/04/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational Medicine, 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 42-year-old who has submitted a claim for lumbar facet syndrome, left hip pain status post left total hip replacement, and right hip pain with possible right labral tear associated with an industrial injury date of May 19, 2009. Medical records from 2012-2014 were reviewed. The patient complained of low back pain. The pain radiates to the bilateral legs to his knees, left more than the right. There was also groin pain, right more than the left. Physical examination showed paravertebral muscle tenderness and spasms with tight muscle band on the right side. There was limited range of motion of the lumbar spine as well. Lumbar facet loading was positive on the right side. There was diminished light touch sensation over L5 on the right and L4 on the left on both sides. MRI of the lumbar spine, dated November 13, 2013, showed multilevel degenerative changes with mild central and mild-moderate foraminal narrowing, and mild central and minimal right and moderate left foraminal narrowing with left posterior lateral disc ridge complex at L3-L4. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, aquatic therapy, home exercise program, activity modification, bilateral hip surgery, TENS (transcutaneous electrical nerve stimulation), and transforaminal left lumbar epidural steroid injection at L4-L5. Utilization review, dated January 20, 2014, denied the request for 1 bilateral L4-L5 transforaminal epidural injection. Reasons for denial were not made available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral L4-L5 transforaminal epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, repeat epidural steroid injections 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 has received extensive lumbar epidural steroid injections in the past. The latest lumbar epidural steroid injection was done last December 10, 2013. The most recent progress report, dated December 16 2013, stated that the previous injection afforded 50% pain relief with diminished radicular bilateral lateral leg symptoms, and increased activity level. However, there was increased low back pain on a progress report dated January 13, 2014. This shows that the patient did not achieve pain relief for six to eight weeks. Furthermore, there was no associated reduction of medication intake from the treatment. Therefore, the request for one bilateral L4-L5 transforaminal epidural injection is not medically necessary or appropriate.