

Case Number:	CM14-0013291		
Date Assigned:	03/03/2014	Date of Injury:	12/09/2009
Decision Date:	07/22/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/03/2014

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 58-year-old male who has submitted a claim for lumbar degenerative disc disease and spasm of muscle associated with an industrial injury date of December 9, 2009. Medical records from 2013-2014 were reviewed. The patient complained of persistent low back pain, grade 6/10. The pain radiates to the right leg. Physical examination showed tenderness over the paravertebral muscles on both sides. There was restricted range of motion, limited by pain. Lumbar facet loading was positive on both sides. Straight leg raise test was positive on the right side. FABER test was positive. Motor strength was intact. There was decreased light touch sensation over the posterior and lateral thigh on the right. Ankle and patellar jerk was 2/4 on the right and 3/4 on the left. MRI of the lumbar spine, dated January 18, 2010, revealed multilevel degenerative disc changes, most prominent at L5-S1 where disc bulging combines with facet joint hypertrophy to cause moderately severe bilateral neural foraminal narrowing, right greater than left; disc bulging and annular tearing at the L4-L5 level; and 2mm central/left paracentral disc protrusion at the L3-L4 level with disc bulging. Treatment to date has included medications, physical therapy, home exercise program, activity modification, TENS unit, rotator cuff repair, right carpal tunnel release, and lumbar epidural steroid injections. Utilization review, dated January 14, 2014, denied the request for L5-S1 ESI because there was no documentation of objective physical findings of radiculopathy, such as positive root tension signs or dermatomal neurological findings. There was also no documentation of conservative treatment other than medications. An appeal letter, dated March 12, 2014 states that the patient have failed conservative treatment, has radicular sensory changes on examination and has congruent MRI findings which would make the him an appropriate candidate for an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 EPIDURAL STEROID 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 Page(s): 46.

Decision rationale: As stated on page 46 of the CA MTUS 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 two lumbar epidural steroid injections in the past. A previous lumbar epidural steroid injection was done last December 2010 which provided 50% relief for more than 3 months. There was also noted gradual improvement with activities of daily living. In addition, the patient has radicular symptoms as evidenced by the recent physical examination findings. Unfortunately, the laterality for injection was not specified. Therefore, the request for L5-S1 epidural steroid injection is not medically necessary.