

Case Number:	CM14-0013378		
Date Assigned:	02/26/2014	Date of Injury:	02/18/2004
Decision Date:	07/25/2014	UR Denial Date:	01/16/2014
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:

This patient is a 58-year-old female who has submitted a claim for lumbar disc disease, radiculopathy, and facet syndrome associated with an industrial injury date of February 18, 2004. Medical records from 2013 to 2014 were reviewed. The patient complained of lower back pain with numbness and tingling sensation to the right leg. Physical examination showed diffuse lumbar tenderness, positive Faber's test, positive sacroiliac thrust test, positive Yeoman's test, positive straight leg raise (SLR), restricted lumbar range of motion (ROM), and weakness and diminished sensation in the lower extremities. MRI of the lumbar spine from June 10, 2013 showed circumferential disc protrusion resulting in abutment of the exiting right and left L4 nerve roots at L4-L5 and a 4mm right neural foramen at L5-S1. Treatment to date has included medications, rest, home exercise programs, physical therapy, chiropractic treatment, and lumbar epidural steroid injection (11/22/13). A utilization review from January 16, 2014 denied the request for second bilateral L4-L5 and right L5-S1 transforaminal epidural steroid injections because, at the time of the progress report reviewed, only two weeks had passed since the first epidural steroid injection. It was too early to determine if pain relief and reduction of medication use would last at least 6-8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND BILATERAL L4-L5 AND RIGHT L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: According to page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; and the patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 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. In this case, patient complained of lower back pain with numbness and tingling sensation to the right leg. MRI of the lumbar spine from June 10, 2013 showed abutment of the exiting right and left L4 nerve roots at L4-L5 and a 4mm right neural foramen at L5-S1. A lumbar epidural steroid injection done last November 22, 2013 was reported to provide 50% pain relief and reduction of medication use. However, the reported benefits from the previous epidural steroid injections lasted only for two weeks. Guidelines clearly state that a repeat block is only warranted if functional improvements are noted for more than six weeks' duration. Guideline criteria were not met. Therefore, the request for second bilateral L4-L5 and right L5-S1 transforaminal epidural steroid injections is not medically necessary.