

Case Number:	CM14-0017059		
Date Assigned:	02/26/2014	Date of Injury:	01/13/2011
Decision Date:	07/25/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 53-year-old male who has submitted a claim for lumbar disc protrusion L5-S1 associated with an industrial injury date of January 3, 2011. Medical records from 2013-2014 were reviewed. The patient complained of persistent lower back pain, grade 6-7 in severity. There was associated numbness and tingling in bilateral hips with burning sensation radiating down his right thigh into his knee. Physical examination showed limited range of motion of the lumbar spine. Motor strength was intact. Sensory examination showed diminished sharp sensation distal to the left knee and along the right lateral femoral cutaneous nerve. Deep tendon reflexes were 1+ and symmetric at the knees and trace at the ankles. The toes were downgoing bilaterally. MRI of the lumbar spine, dated June 28, 2013, revealed 3-4mm central disc protrusion with degenerative changes and modic endplate changes on L5-S1, and mild facet increased signals at several levels. Nerve conduction study, dated March 5, 2014, revealed no evidence of lumbosacral radiculopathy, plexopathy, or peripheral nerve entrapment. Treatment to date has included medications, physical therapy, home exercise program, activity modification, wrist surgery, and right shoulder surgery. Utilization review, dated January 2, 2014, denied the request for repeat right lumbar epidural steroid injection L5-S1 because there was lack of documented unequivocal evidence of lumbar radiculopathy and the lack of discussion of efficacy and duration of effect from prior epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Right Lumbar Epidural Steroid Injection L5-S1: Upheld

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

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, previous lumbar epidural steroid injection was done last October 18, 2013 which reportedly provided 50% pain relief for 6 weeks. However, there was no documentation regarding objective evidence of functional improvement regarding the epidural steroid injection. There was also failure to exhibit any evidence of improved performance of activities of daily living and there was no associated reduction of medication intake from the treatment. The guideline criteria have not been met. Therefore, the request for repeat right Lumbar Epidural Steroid Injection L5-S1 is not medically necessary.