

Case Number:	CM14-0017413		
Date Assigned:	04/14/2014	Date of Injury:	01/11/2012
Decision Date:	05/30/2014	UR Denial Date:	01/31/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 67-year-old male with a date of injury of 01/11/2012. The listed diagnoses per [REDACTED] are left-sided L5 radiculopathy and disk herniation at L4-L5. According to report dated 01/21/2014 by [REDACTED], the patient presents with chronic low back pain. An MRI dated 01/16/2014 revealed the patient has lateral recess stenosis with small disk herniation on the left side at L4-L5. There is mild lateral recess stenosis on the left side at L5-S1. Disk collapse is visible at L5-S1. Lateral recess stenosis is visible at L3-L4 also with a possible small foraminal disc. The provider recommends left-sided lumbar epidural steroid injections at levels L4-L5 and L5-S1. The patient's examination can be found on 12/30/13 that showed left tibialis anterior and quadriceps at 4/5 strength. Sensory changes were notes at left L5 dermatome, but sitting straight leg raise was negative. The patient has had multiple ESI's in the past. The utilization review is dated 01/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46,47.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting a lumbar epidural steroid injection on the left side at levels L4-L5 and L5-S1. The California MTUS Guidelines page 46 and 47 recommends "ESI 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 for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." Medical records indicate this patient received lumbar epidural steroid injections at the level L4-L5 and L5-S1 on 08/23/2012, 12/20/2012, 05/02/2013, and 10/08/2013. The patient's most recent injection was on 10/08/2013. Subsequent progress reports dated 11/18/2013 and 12/30/2013 do not provide documentation of at least 50% pain relief with associated reduction of medication. For repeat injections, there must be documentation of pain and functional improvement. Recommendation is for denial.