

Case Number:	CM14-0111860		
Date Assigned:	08/01/2014	Date of Injury:	06/14/2005
Decision Date:	10/07/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/17/2014

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 and is licensed to practice in Texas. 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 injured worker is a 57 year old male who sustained an injury to his low back on 06/14/05. The mechanism of injury is not documented. CT scan of the lumbar spine dated 05/08/09 revealed bilateral L4 and L5 pedicle screws; bony fusions were difficult to assess. MRI of the lumbar spine dated 12/13/11 revealed interval removal of fusion hardware at L4-5; fusion appeared solid and there was no apparent complication, residual or recurrent herniation or any stenosis of significance; 2 mm broad based protrusion at L3-4 was stable not associated with nerve impingement; minimal facet hypertrophic changes at L5-S1 that were stable; no herniation, central or foraminal stenosis at this level. Clinical note dated 06/06/14 reported that the injured worker's condition was unimproved and getting worse. The injured worker continued to experience constant low back pain and constant moderate to severe left sciatic pain with associated pain and numbness radiating to the toes. Physical examination noted ambulation with antalgic gait, limping on the left leg; well-healed midline surgical scars consistent with prior surgery; range of motion limited to pain; tenderness at the lumbar region; 3+ tenderness to palpation over the sacroiliac joints; positive pelvic compression test. The injured worker was recommended for lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI)..

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

Decision rationale: The request for L3-4 epidural steroid injection is not medically necessary. The previous request was denied on the basis that the injured worker had two weeks of decreased pain with 3 prior epidural injections. Guidelines require at least 50% pain relief with associated reduction in medication use for 6-8 weeks during the therapeutic phase to justify additional injections. Given this, the request was not deemed as medically appropriate. The CA MTUS states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for 6-8 weeks, with a general recommendation of no more than 4 blocks per region per year. Given this, the request for L3-4 epidural steroid injection is not indicated as medically necessary.

L4-L5 Epidural Steroid Injection.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI)..

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

Decision rationale: The request for L4-5 epidural steroid injection is not medically necessary. The previous request was denied on the basis that the injured worker had two weeks of decreased pain with 3 prior epidural injections. Guidelines require at least 50% pain relief with associated reduction in medication use for 6-8 weeks during the therapeutic phase to justify additional injections. Given this, the request was not deemed as medically appropriate. The CA MTUS states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for 6-8 weeks, with a general recommendation of no more than 4 blocks per region per year. Given this, the request for L4-5 epidural steroid injection is not indicated as medically necessary.