

Case Number:	CM14-0120461		
Date Assigned:	08/06/2014	Date of Injury:	08/29/2013
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/30/2014

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 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 34 year old male with date of injury 8/29/13. The patient sustained a work-related injury due to lifting heavy roofing materials. The patient has undergone physical therapy, EMG/NCV of the bilateral lower extremities, MRI of the lumbar spine and x-ray of the lumbar spine. The patient has received a bilateral L5 transforaminal selective epidural injection on 4/09/14, which he states helped him for one week and then regressed back to his usual pain symptoms. The treating physician report dated 6/06/14 indicates that the patient presents with pain affecting low back with radiation to both legs. Current physical examination findings reveal lumbar spine range of motion measuring a flexion at 90 degrees, extension of 20 degrees, and a lateral flexion of 30 degrees, bilaterally. Straight leg raise was bilaterally negative. The patient had an intact neurologic exam of the bilateral lower extremities. The patient was referred to another doctor regarding his depression and was prescribed Norco, Ultram, Naprosyn and Prilosec. The patient continues on modified work with a maximum lifting of 10 pounds. The current diagnoses are: 1.L5-S1 spondylosis2.Disc protrusion3.L5-S1 radiculopathy and impingementThe utilization review report dated 7/10/14 denied the request for second lumbar epidural steroid injection L5-S1 based on the rationale that the patient only had one week of relief after his first lumbar epidural steroid injection. Repeated blocks are not recommended unless there is at least 50% improvement for 6 to 8 weeks. As it relates to ESIs in general, the patient shows no neurological findings consistent with a radiculopathy to warrant recommending an ESI in the first place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second lumbar epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: This is a 34 year old male who presents with lumbar pain and radiculopathy. The patient underwent a lumbar epidural steroid injection on 4/09/14 with one week of improvement of symptoms. The current request is for a second lumbar epidural steroid injection at L5-S1. The MTUS Guidelines state that "Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended." "A second block is not recommended if there is inadequate response to the first block." "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 of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)" According to the medical records provided the patient only received one week of improvement of symptoms after the first lumbar epidural steroid injection was performed and the symptoms returned to their previous state. Therefore, the requested treatment is not medically necessary.