

Case Number:	CM14-0121338		
Date Assigned:	08/06/2014	Date of Injury:	08/11/2012
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/31/2014

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 Pain Management 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 is a patient with a date of injury of August 11, 2012. A utilization review determination dated July 22, 2014 recommends noncertification of a lumbar epidural steroid injection at L5-S1. A medical report dated December 18, 2013 indicates that the patient underwent 20 sessions of physical therapy which was temporarily beneficial. She then underwent acupuncture which was temporarily beneficial. A progress report dated February 10, 2014 identifies subjective complaints of low back pain which radiates to the right buttock and right leg. Physical examination reveals restricted lumbar spine range of motion with normal strength and normal sensation in the lower extremities. Diagnoses include lumbar strain, L3-L4 annular tear, and grade 3 spondylolisthesis L5-S1 with severe bilateral foraminal stenosis. The treatment plan recommends consultation with an orthopedic surgeon, continue acupuncture, continue Mobic, and request authorization for a lumbar epidural steroid injection. A progress report dated March 24, 2014 indicates that the patient experiences pain in the S1 dermatomal distribution. A progress report dated July 2, 2014 indicates that the patient was authorized for a lumbar epidural injection but was unable to schedule as authorization for surgery center and provider was not included. The treatment plan recommends a lumbar epidural injection with a specific physician. A progress report dated December 18, 2013 has a summary of MRI findings of the lumbar spine dated January 24, 2013 which shows severe bilateral neural foraminal narrowing at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI (Lumbar Epidural Steroid Injection) at L5-S1 under Fluoroscopy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for lumbar epidural injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, it is clear the patient has radicular pain and has failed conservative treatment. The requesting petition has identified that the patient has pain radiating into a dermatomal distribution. Additionally, there is a summary of a lumbar spine MRI corroborating a diagnosis of radiculopathy at the S1 level. There is no indication that the patient has had an epidural steroid injection previously. Therefore, the currently requested lumbar epidural steroid injection at L5-S1 under fluoroscopy is medically necessary.