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| Case Number: | CM14-0129484 | | |
| Date Assigned: | 08/18/2014 | Date of Injury: | 02/28/2011 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 08/14/2014 |

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 & 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 60-year-old male with a date of injury of 02/28/2011. The listed diagnoses per Dr. [REDACTED] are: Shoulder region disorder, cervical radiculopathy, Lumbosacral radiculopathy and Shoulder rotator cuff tear. According to progress report, 05/30/2014, the patient presents with spasm, tenderness, and guarding in the paravertebral musculature of the lumbar spine with loss of range of motion. There is decreased sensation noted in the right S1 dermatome with pain. Report 06/12/2014 states the patient has significant low back pain and lower extremity symptoms with a visual analog scale (VAS) of 8/10. Examination revealed spasm and tenderness over the lumbar spine with decreased range of motion and some guarding. Deep tendon reflexes and motor examination are within normal limits but positive straight leg raise remain on the right side with decreased sensation over the L5 and S1 distribution. MRI of the lumbar spine from 01/30/2013 revealed 3.5-mm disk bulge which mildly impresses on the thecal sac at the L5 to S1 level. The Provider is requesting an L5 to S1 lumbar epidural steroid injection. Utilization review denied the request on 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Low Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46-47.

Decision rationale: This patient presents with low back pain that radiates into the bilateral lower extremities. The provider is requesting an L5 to S1 lumbar epidural steroid injection. Utilization review denied the request stating previous epidural was approved in January 2014 with no documentation of its outcome. The MTUS Guidelines page 46 and 47 recommends ESIs and option for treatment for radicular pain defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. Review of progress reports from 02/24/2014 through 06/12/2014 provides no discussion of prior epidural steroid injection. MTUS states 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." In this case, there is no documentation of pain relief or functional improvement from prior to injection to warrant a repeat injection. Furthermore, the MRI showed only a bulging disc without nerve root problems that would explain the patient's leg symptoms. The request for L5-S1 Lumbar epidural steroid injection is not medically necessary and appropriate.