MAXIMUS Federal Services

Case Number:	CM14-0141421		
Date Assigned:	09/10/2014	Date of Injury:	04/09/2013
Decision Date:	12/12/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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:

This patient is a 28 year old male with an injury date of 4/09/13. Based on the 7/31/14 progress report by [redacted] this patient complains of "low back pain in the setting of failed back surgery syndrome as well as lumbar DDD (degenerative disc disease) and lumbar facet OA (osteoarthritis)." He states his "pain level is 8/10 with medications." Patient reports that the "benefit of chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain within a manageable level to allow pt to complete necessary activities of daily living." Current medications: Oxycodone IR 30mg, 1.3% Flector Patch, Motrin 800mg, Prilosec 20mg, Soma 350mg, and Ultram 50mg. Exam of lumbar spine shows "severe tenderness and tightness across the lumbosacral area" with "severe restriction of extension about 50%." Straight leg is positive on the left. There is "also hyposthesia and dysesthesia of the left posterior thigh, calf and gluteus and also on the dorsum of the foot." Motor function is 3/5 of LUE (left upper extremity). Deep tendon reflexes are absent on LLE (left lower extremity). Diagnostic studies referenced in the 7/31/14 report:-4/25/13 MRI of lumbar spine "revealing broad-based disc protrusion at L4-5."-10/01/13 MRI of lumbar spine showed "central canal stenosis at L4-5 due to mild ligamentous and facet hypertrophy and congenitally short pedicle, and neural foraminal stenosis at L3-4 and L4-5 due predominantly to facet hypertrophy, small endplate bony ridge at L4-5 continues."Diagnoses for this patient are:- Thoracic or lumbosacral neuritis or radiculitis, unspecified- Degeneration of thoracic or lumbar intervertebral disc- Other symptoms referable to back- Lumbago- Sacroiliitis, not elsewhere classified- Chronic pain syndrome- Reactive depression (situational)- Other organic insomnia- Severe pain- Malignant tumor of kidneyThe utilization review being challenged is dated 8/20/14. The request

is for lumbar epidural steroid injection at bilateral L4-5. The requesting provider is [redacted] and he has provided various reports from 1/13/14 to 7/13/14.

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 bilateral L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: This patient presents low back pain with severe pain radiating down to bilateral legs. The treater requests Lumbar Epidural Steroid Injection at Bilateral L4-5, prior to renal surgery to aid in reducing severe back/leg pain.Per 7/31/14, the patient states "he ran out of his medication 8 days early due to the exacerbation of severe pain recently due to the radiation therapy of his renal cancer as well as the existing lumbar back pain." This patient also reports that the "benefit of chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain within a manageable level to allow pt to complete necessary activities of daily living." Also, MTUS guidelines recommend repeat blocks to 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. The utilization reviewer denied the requested as the last ESI was on 10/31/13 with "pain having decreased from 8-10/10 down to 7-8/10" and functional improvement was not established, as 12/12/13 report noted "intractable pain greater than 50% of the time" following 10/31/13 ESI. Both of these progress reports were not included in this file for review. The 1/13/14 report indicates the patient has continued "intractable pain greater than 50% of the time" and was referred to a urologist, to "determine if his incidental finding of a kidney mass may be causing some of his pain." It is unclear as to the whether the exacerbation of severe pain is due to the radiation therapy and renal cancer or existing lumbar back pain; however, patient has been scheduled for renal surgery on 8/22/14. Given the lack of documentation requirement of "objective documented pain and functional improvement, including at least 50% pain relief associated with the reduction of medication use for 6-8 weeks," per MTUS, the patient does not meet the requirements for repeat ESI blocks. The request is not medically necessary.