

Case Number:	CM14-0151853		
Date Assigned:	09/19/2014	Date of Injury:	05/17/2005
Decision Date:	10/30/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/17/2014

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 & 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 56 year old with an injury date on 5/17/05. Patient complains of cervical pain that radiates to bilateral upper extremities and lower back pain radiating into bilateral lower extremities, with overall pain rated 7-10/10 per 7/22/14 report. Patient also complains of numbness/tingling in extremities per 7/22/14 report. Based on the 7/22/14 progress report provided by [REDACTED] the diagnoses are: 1. cervicalgia 2. lumbago Exam on 7/22/14 showed "C-spine limited in all planes. L-spine range of motion limited in all planes. Sensation to touch severely diminished in right and left legs. Deep tendon reflexes shows 2+ in lower extremities. Straight leg raise positive bilaterally." Patient's treatment history includes acupuncture and physical therapy with some partial effectiveness per 7/22/14 report. [REDACTED] is requesting lumbar caudal epidural steroid injection x 1. The utilization review determination being challenged is dated 8/19/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/7/14 to 8/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Caudal Epidural Steroid Injection X 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 OF 127.

Decision rationale: This patient presents with neck pain, bilateral upper extremity pain, lower back pain, and bilateral lower extremity pain. The treater has asked for lumbar caudal epidural steroid injection x 1 on 7/22/14, but the report clarifies "at L4-5." Review of the reports do not show any evidence of lumbar epidural steroid injections being done in the past. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. A lumbar MRI dated 2/13/14 shows a 3mm extrusion at L4-5, and postsurgical changes related to anterior lumbar interbody fusion and mild facet arthropathy at L5-S1. In this case, patient has radiating leg pain, an MRI showing a disc at L4-5, and positive examination of SLR. The patient has not tried an ESI following lumbar fusion, and at the new herniated disc level. The request is medically necessary.