

Case Number:	CM14-0153491		
Date Assigned:	09/23/2014	Date of Injury:	11/01/2010
Decision Date:	11/17/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/19/2014

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 31 year old female who was injured on 11/01/2010 when her foot became trapped between two wheels which resulted in a crushing injury and fracture of the left 2nd toe and low back pain. Prior treatment history has included 24 sessions of chiropractic treatment and physical therapy sessions. The patient has utilized Flexeril, tramadol, Naproxen, Prilosec, and Zanaflex. Progress report dated 06/02/2014 states the patient complained of moderate neck pain, moderate low back pain with stiffness and radiation to bilateral lower extremities. On exam, there is 3+ tenderness to palpation of the cervical paravertebral muscles. Shoulder decompression causes pain bilaterally. The lumbar spine ranges of motion are decreased and painful with tenderness to palpation of the lumbar paravertebral muscles. The patient is diagnosed with lumbar stenosis, and lumbar disc protrusion. The patient received bilateral L5-S1 lumbar epidural steroid injection fluoroscopically guided on 08/26/2014. Prior utilization review dated 09/04/2014 by [REDACTED] states the request for Repeat LESI L5/S1 Bilateral is denied as there is no documented evidence of functional improvement from previous injection. Medical record showed one low back epidural injection in past that led to increased low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat LESI (lumbar epidural steroid injection) L5-S1 Bilateral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: As per CA MTUS guidelines, criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)...7) In the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Medical record indicated that one low back epidural injection in past that led to increased low back pain. The medical necessity of repeat ESI is not established according to the guidelines.