

Case Number:	CM14-0156087		
Date Assigned:	09/26/2014	Date of Injury:	07/17/2012
Decision Date:	10/27/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/23/2014

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:

The patient is a 60 year old male with an injury date on 07/12/2012. Based on the 08/27/2014 progress report provided by the physician, the patient complains of bilateral low back pain and discomfort. He describes his pain as aching constant, mild, and intermittent moderate to severe with bending and lifting. The progress reports provided do not discuss any positive exam findings. The patient is diagnosed with arthropathy of lumbar facet. The physician is requesting for a repeat epidural steroid injection L5-S1, as an outpatient. The utilization review determination being challenged is dated 08/27/2014. The physician is the requesting provider, and provided treatment reports from 02/12/2014 to 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Epidural Steroid Injection L5-S1, as outpatient: 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 Criteria for the use of Epidural steroid injections: Page(s): 46.

Decision rationale: According to the 08/27/2014 report by [REDACTED], this patient presents with chronic low back pain. The treater is requesting for a repeat epidural steroid injection L5-S1, as an outpatient. MRI shows a 7.0 mm anterolisthesis of L5 in relation to S1. Bilateral pars interarticularis defect are noted at L5. Spurring and disc bulging is seen at the L5-S1 level and no cord compression is noted. The utilization review letter states last ESI was from July 2014. Regarding ESI, MTUS guidelines state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." 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." The report of 08/27/14, the patient states the patient was better after injection, but pain is gradually increasing as he increases his activities. The treater has asked for repeat injection without any new or additional information. In this case, the patient's last ESI did not result in 50% or more reduction of pain, improved function and reduction in medication use. Currently, the treater does not describe any leg symptoms either. Recommendation is for denial.