

Case Number:	CM14-0158968		
Date Assigned:	10/02/2014	Date of Injury:	02/15/2011
Decision Date:	12/31/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Medicine 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 62 year old female with an injury date of 02/15/11. The most recent progress report, dated 07/07/14, is handwritten and partially illegible. It states that the patient presents with lower back pain and left lower extremity pain with numbness and tingling. Pain radiates from the left buttock to the thigh. The patient has antalgic lean and slow gait favoring the left lower extremity. Examination reveals tenderness to palpation with spasm at the left paravertebral musculature and SI joint. Straight leg raise is positive left with positive Kemps left lower extremity. The patient's diagnoses include: 1. Lumbar spine sprain strain "Illegible", "DB/spondylosis L2-S1, "Illegible", "MRI 07/12/13."2. Left SI joint "illegible"3. Thoracic spine strain/sprain4. HeadachesThe utilization review being challenged is dated 09/25/14. The rationale is that no updated diagnostic imaging studies are provided, treatment levels are not outlined, and illegible areas of examinations do not identify areas of root compression. Two progress reports discussing the lower back are provided for 03/04/14 and 07/07/14. Both are handwritten and partially illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Procedure Summary (updated 8/22/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

Decision rationale: The patient presents with lower back and left lower extremity pain. The treater requests for lumbar epidural steroid injection x 1 per the 05/0/14 report. The RFA cited by the 09/25/14 Utilization review is dated 09/11/14. "MTUS pages 46 and 47 state that epidural steroid injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. For the therapeutic phase, repeat blocks should be based on continued documented pain and functional improvement." The handwritten reports provided appear to show that the patient has lower back pain with left lower extremity pain with numbness and tingling. Pain also "radiates to the left buttock" with "positive straight leg raise on the left". The partially illegible report also appears to show "L2-S1 stenosis per MRI of 07/12/13." The 05/01/14 report states, "Repeat LESI as failed response to conservative tx". In this case, the reports indicate a prior ESI lumbar for this patient; however, there is no detailed discussion of the prior injection or documentation of improvement as required by MTUS. Furthermore, the level for the injection is not specified. Therefore, this request is not medically necessary.