

Case Number:	CM14-0159405		
Date Assigned:	10/03/2014	Date of Injury:	06/04/2013
Decision Date:	11/20/2014	UR Denial Date:	08/28/2014
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 Physical Rehabilitation & Pain Management 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 50-year-old male with an injury date of 06/04/13. Based on the 06/13/14 progress report provided by [REDACTED], the patient complains of low back pain that radiates down the left leg with numbness and tingling. Physical examination revealed decreased sensation in lateral and anterior left thigh and medial aspect of the leg. Lumbar spine tenderness, positive straight leg raise test, and limping gait. The patient had a lumbar epidural injection on 05/19/14, which gave him some side effects such as diarrhea. Patient had slight improvement in the low back since epidural. Following consultation, per treater report dated 05/19/14, it is stated that the patient is in need of second lumbar epidural injection. His medications include Tramadol, Naproxen, Flexeril, and Iamotil. EMG/NVC 03/26/14- evidence of mild acute L5 radiculopathy on the left which is mixed with a peripheral neuropathy. Diagnosis 05/19/14- lumbar spine strain with left radicular pain- insomnia [REDACTED], is requesting second lumbar epidural injection L4- 5. The utilization review determination being challenged is dated 08/28/14. The rationale is "the supplied medicals are not specific." [REDACTED] is the requesting provider and he provided frequent reports from 03/24/14 - 06/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

second lumbar epidural injection L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI's) Page(s): 46.

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

Decision rationale: The patient presents with low back pain that radiates down the left leg with numbness and tingling. The request is for second lumbar epidural injection L4- 5. His diagnosis dated 05/19/14 includes lumbar spine strain with left radicular pain and insomnia. EMG/NVC dated 03/26/14 shows evidence of mild acute L5 radiculopathy on the left which is mixed with a peripheral neuropathy. MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," and "In the therapeutic phase, repeat blocks should 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 patient had a lumbar epidural injection on 05/19/14, which gave him slight improvement in the low back, however he reported some side effects such as diarrhea, per progress report dated 06/13/14. Treater states that patient is in need of second epidural injection, however reason was not given. Treater has not provided documentation of functional improvement following procedure to determine objective pain or functional improvement. MTUS requires 50% pain relief with associated reduction of medication for repeat blocks. The request does not meet guideline indications, therefore the request is not medically necessary.