

Case Number:	CM14-0174740		
Date Assigned:	10/24/2014	Date of Injury:	01/18/2010
Decision Date:	12/03/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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 41 year old male with date of injury 1/18/10. The treating physician report dated 9/9/14 indicates that the patient presents with recurring pinching pain that recurred following lumbar epidural steroid injection which gave him three days of excellent pain relief. The physical examination findings reveal tenderness of the paralumbar musculature, lumbar spasms, motor testing 5/5, normal reflexes, lumbar flexion and extension is limited and increases pain, positive straight leg raise and diminished sensation L4 nerve root distribution right. Prior treatment history includes lumbar spine microdiscectomy, medication management and lumbar ESI. MRI of the lumbar spine dated 5/31/14 reveals L2/3 and L3/4 disc protrusion. The L4/5 disc protrusion measures 5.2mm with stenosis of the right neural foramen that encroaches the right L4 exiting nerve root. The current diagnoses are: 1. Status post lumbar spine surgery 2. Multi level disc protrusions 3. Radiculitis right lower extremity 4. Right L4 neuritis The utilization review report dated 10/2/14 denied the request for lumbar ESI based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The patient presents with recurring pinching pain of undescribed location and intensity status post lumbar ESI injection occurring on unknown date that provided 3 days of relief. The current request is for Lumbar Epidural Steroid Injection. The treating physician report dated 9/9/14 states, "The patient is indicated for a repeat lumbar epidural steroid injection as he had a favorable response to the first injection with recurrence of his pain." MTUS does support repeat ESI and states, "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." In this case the treating physician states that the patient had 3 days of relief with the first injection and there is no documentation of decreased medication usage. The current request is not supported by MTUS as the necessary criteria for a repeat block has not been documented therefore request is not medically necessary.