

Case Number:	CM14-0177745		
Date Assigned:	10/31/2014	Date of Injury:	09/12/2007
Decision Date:	12/12/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 56 year-old male who has submitted a claim for lumbar herniated nucleus pulposus associated with an industrial injury date of 9/12/2007. Medical records from 2014 were reviewed. The patient reported 60% pain relief status post lumbar epidural steroid injection. Physical examination showed left-sided antalgic gait and positive straight leg raise test on the left. Lumbar exam showed limited motion. Motor testing and sensory exam were normal. Quadriceps reflexes were 1-2+ and symmetrical. Achilles reflexes were 0-1+ and symmetrical. MRI from the lumbar spine, dated 3/23/2013, demonstrated severe stenosis in the right lateral recess at L4-L5. At L5-S1, there was left laminectomy, left epidural and left perineural fibrosis. There was facet arthrosis at L4-L5 and subtle infiltration of the right perineural fat. Treatment to date has included left L4-L5 and right L5-S1 hemilaminectomy (undated), bilateral S1 transforaminal epidural steroid injection on 2/18/2013, lumbar epidural injection (undated), physical therapy, and medications. The utilization review from 10/6/2014 denied the request for lumbar epidural steroid injection under fluoroscopy because of unspecified level. The patient likewise has post-surgical status, which may obviate pre-procedure determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection under fluoroscope: 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 Injection Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 patient complained of low back pain. Physical examination showed left-sided antalgic gait and positive straight leg raise test on the left. Lumbar exam showed limited motion. Motor testing and sensory exam were normal. Quadriceps reflexes were 1-2+ and symmetrical. Achilles reflexes were 0-1+ and symmetrical. MRI from the lumbar spine, dated 3/23/2013, demonstrated severe stenosis in the right lateral recess at L4-L5. At L5-S1, there was left laminectomy, left epidural and left perineural fibrosis. There was facet arthrosis at L4-L5 and subtle infiltration of the right perineural fat. Patient underwent lumbar epidural injection (undated) with 60% pain relief. However, there was no documentation concerning duration of symptom relief to meet guideline criteria for a repeat ESI. Moreover, the most recent physical examination failed to show evidence of focal neurologic deficit. Therefore, the request for lumbar epidural steroid injection under fluoroscopy is not medically necessary.