

Case Number:	CM14-0178500		
Date Assigned:	11/03/2014	Date of Injury:	05/22/2003
Decision Date:	12/11/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/28/2014

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:

This is a 71-year-old male with a 5/22/03 date of injury, when he slipped and fell and hurt his low back. The notes indicated that the patient received 3 lumbar epidural injections between 2005-2007 and one injection in 2012. The patient was seen on 9/17/14 with complaints of 9/10 lumbar back pain radiating down into both legs, left greater than right. The patient also reported numbness and tingling sensations in his legs and frequent headaches. The physical examination was not performed and the note stated that the patient's condition did not change except for the recent onset of recurrent sciatic pain. The note stated that the patient received LESI in the past and "has always responded to epidural injections". The diagnosis is diffuse degenerative changes in the lumbar spine with foraminal stenosis and lumbago. MRI of the lumbar spine dated 8/8/12 revealed discogenic degenerative changes at L4-L5 and L5-S1 and moderate degenerative left lateral recess stenosis and severe left foraminal stenosis at L4-L5 with calcified left synovial cyst. Treatment to date: 4 LESIs, Work Restrictions, Aquatic Therapy, PT and Medications. An adverse determination was received on 10/16/14 for a lack of documentation that correlated with the MRI findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Epidural Steroid Injection x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

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

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However the progress notes indicated that the patient received lumbar epidural steroid injections in the past; there is a lack of documentation indicating the percentage of pain relief and duration of pain relief after the injections. In addition, the physical examination supporting the findings of radiculopathy was not available for the review. Therefore, the request for L5-S1 Epidural Steroid Injection x 3 was not medically necessary.