

Case Number:	CM14-0021246		
Date Assigned:	05/07/2014	Date of Injury:	07/07/2009
Decision Date:	08/04/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 69-year-old male who has submitted a claim for lumbar disc disease without myelopathy associated with an industrial injury date of 07/07/2009. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back and left lower extremity pain, graded 5/10. Pain is aggravated by standing and walking, and relieved by sitting. Physical examination showed that patient had an antalgic gait. Range of motion was limited. Straight leg raise test was negative. MRI of the lumbar spine, dated 03/13/2012, showed moderately severe hypertrophic facet changes with grade 1 degenerative spondylolisthesis of L3 with respect to L4, and moderate to moderately severe right greater than left neural foraminal stenosis at the level of L3-L4. Treatment to date has included medications and epidural steroid injections. Utilization review, dated 02/03/2014, denied the retrospective request for epidural steroid injection. The reason for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR: BILATERAL TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION (LESI) L3-L4 (DOS: 11/12/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. In this case, the patient complains of back pain despite previous medications and 5 ESIs. Medical records submitted for review failed to show evidence of attempts of conservative treatment aside from medications. Moreover, physical examination failed to show radiculopathy as stated on a progress report dated 11/05/2013. Furthermore, guidelines do not recommend more than 2 ESIs. As such, the request is not medically necessary.