

Case Number:	CM14-0021686		
Date Assigned:	05/05/2014	Date of Injury:	05/01/2009
Decision Date:	07/09/2014	UR Denial Date:	02/07/2014
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 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 57-year-old male with a date of injury of 05/01/2009. The listed diagnoses are: Cervical disk displacement, Lumbar disk displacement, Cervical radiculitis, Degeneration of cervical intervertebral disk, Lumbar radiculopathy, and Low back pain. According to the 01/21/2014 progress report by the physician, the patient complains of neck pain that radiates into the right shoulder. The patient also complains of chronic low back pain which is described as sharp, achy pain that radiates to the left buttock and bilateral lower extremities. The patient reports lower leg numbness, mild tingling, mild weakness, spasm, and weakness in the lower extremities. Patient states he had 50 to 60% relief with the transforaminal LESI done on October 2013. Pain level is noted as 6/10. EMG/NCV showed L5 radiculopathy. Examination of the lumbar spine revealed spasm and 2+ tenderness to palpation on the right. There is atrophy present in the quadriceps. There is decreased range of motion and positive straight leg raise at 40 degrees bilaterally. Treater states prior MRI of the lumbar spine showed L5-S1 3-mm disk bulges. This MRI report was not provided for my review. Treater "requests authorization for an LESI L4-L5, L5-S1 lumbar epidural steroid." Utilization review denied the request on 02/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1- L4-L5,L5-S1 LUMBAR EPIDURAL WITH ANESTHESIA: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Medical Treatment Utilization Schedule has the following regarding ESI's, under its chronic pain section Page(s): 46, 47.

Decision rationale: This patient presents with low back pain that radiates down to the lower extremities. The treater is requesting a repeat L4-L5 and L5-S1 lumbar epidural injection as the prior injection from October provided 50 to 60% pain relief. The MTUS Guidelines has the following regarding ESI under chronic pain page 46 and 47, "Recommended as an option for treatment of radicular pain." For repeat injections during therapeutic phase, "Continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." Reports from 03/12/2013 to 01/21/2014 were reviewed. The report from 10/21/2013, provides no discussion regarding the recent ESI. Report 01/21/2014, requests a repeat injection and states prior injection provided 50-60% relief but does not document functional improvement, reduction in medication. Furthermore, the MRI discussed by the treater on 01/21/2014 only showed a 3mm disc bulge at L5-S1 without evidence of any potential nerve root pathology such as disc herniation or stenosis. Recommendation is for denial.