

Case Number:	CM14-0022718		
Date Assigned:	06/11/2014	Date of Injury:	05/09/2002
Decision Date:	07/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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, and is licensed to practice in Texas. 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 60-year-old who developed the onset of pain in the low back on May 9, 2002 while using a heavy carbide saw to set up a "pyrotechnic effect". The patient was referred to a local hospital and subsequently underwent surgery one year following the injury. He was released approximately 8 months post operatively and then his symptoms gradually recurred. In 2009 he returned for treatment and received two epidural steroid injections (ESIs), with the last one in the latter part of 2009. His symptoms steadily got worse even after the injections and in February 2010 he returned to his physician and reportedly went on to receive two additional ESIs in 2010. The patient reportedly had additional ESI's on October 8, 2011 and January 12, 2013. The February 7, 2013 office visit, following the last ESI, notes the patient's pain wakes him 3-5 times and he gets only 4-5 hours of sleep a night whereas before, he got 6-7. On examination there was no loss of sensory function noted. No other relevant examination findings were noted. There was no pain scale documented on this exam or prior examinations for comparison. Medications tried included Norco and Melatonin. A "Detailed Reevaluation" (less than 2 paragraphs included), dated January 24, 2014 stated the patient continued with a lot more "clunking" in the back and an increase in pain. The previous ESI reportedly helped the patient quite a bit even reporting a hundred percent relief with improvement over six months. A request was made at this time for another ESI. His physician stated they were "trying to avoid surgery for the patient because the only other option that is really left on the table is major back surgery." There was no physical examination noted for this detailed reevaluation. According to the UR dated February 13, 2014, the request for a right L3-4 and L5-S1 ESI is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION AT RIGHT L3-L4, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states the purpose of Epidural Steroid Injection (ESI) is to reduce pain and inflammation, restoring range of motion and facilitating progress in more active treatment programs, and avoiding surgery. Criteria for the use of ESI include documented radiculopathy on physical examination that is corroborated by imaging studies and/or electrodiagnostic testing. The medical records do not specifically demonstrate the patient has radiculopathy. Examinations on February 7, 2013 and January 24, 2014 fail to provide any objective finding that would be classified as a clinical radiculopathy. There is also no recent MRI or EMG (electromyogram) provided for imaging corroboration. The request for an ESI at the right L3-L4 and L5-S1 is not medically necessary or appropriate.