

Case Number:	CM14-0026475		
Date Assigned:	06/16/2014	Date of Injury:	09/19/2003
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 53 year old female who was injured on 06/16/2003, although the UR report states 09/19/2003 as the date of injury. Mechanism of injury is unknown. Diagnostic studies reviewed included an MRI of the lumbar spine w/o contrast dated 09/13/2013 revealing multilevel degenerative disc disease and facet arthropathy. There is canal stenosis which includes L3-L4 moderate and L4-L5 severe with neural foraminal narrowing at L4-L5. An initial Evaluation Report dated 02/03/2014 documented the patient with complaints of chronic low back pain referring to the left thigh and left sacroiliac region. Objective findings on examination of the lumbar spine reveals decreased lordosis. There is moderate pain over the left L3-L4 and right L5-S1. The range of motion is completed in all directions with slight pain. Motor strength is normal throughout bilateral lower extremities except for the right hip abductor at 3/5 and right hip flexor and right knee flexor and extensor at 4/5. Sensory examination reveals normal findings. Patrick's and FABER test were positive bilaterally. Yeoman's sign is positive on the left. Gillet's sign Orthopedic Surgery negative bilaterally. Diagnoses: 1. Lumbar disc injury. 2. Left sacroiliac arthralgia. 3. Lumbar pedicle edema. 4. Left sciatica. Plan: Request for caudal epidural and left sacroiliac joint injections. The patient will attempt Flector patch with Lidoderm patch and oral anti-inflammatories. The report indicates that the patient was referred for an epidural injections through transforaminal route at the right L4-L5 level in October 2013 and again in November 2013. This gave her good but limited relief. Utilization report dated 02/20/2014 the request for epidural steroid injection was non-certified because the current request is not supported as the record does not reveal medication reduction or sustained relief of at least 50%. Epidural steroid injection was reported to be effective for only two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL STEROID INJECTION (ESI): Upheld

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

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

Decision rationale: As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. A review of the supporting documentation revealed this patient has had ESI on two occasions in 2013, which provided limited relief. Evidence based Guidelines indicate that in therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvements, including at least 50% pain relief for six to eight weeks. ESI was reported to be effective for only 2 weeks. Guidelines also indicate there should be a reduction in medication use for six to eight weeks after ESI. There is no documentation to suggest there was a significant reduction in the patient's medication post procedure. This request is not medically necessary.