

Case Number:	CM14-0026823		
Date Assigned:	06/13/2014	Date of Injury:	08/19/1998
Decision Date:	07/21/2014	UR Denial Date:	02/05/2014
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, 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:

This patient is a 58-year-old male with a date of injury of 08/19/1998. The listed diagnoses are: 1. Spinal stenosis of lumbar region. 2. Thoracic or lumbosacral neuritis or radiculitis. 3. Sprain/strain of tibiofibular. 4. Instability, lateral ankle. According to 01/21/2014 progress report by [REDACTED], the patient presents with left leg pain. The patient is requesting an epidural steroid injection for his lumbar spine as he had "8 months of relief after his last ESI." The patient denies any numbness/tingling. Examination revealed paraspinal tenderness, limited range of motion with general stiffness and negative straight leg raise bilaterally. Request for authorization from 01/21/2014 requests a "lumbar ESI once weekly x3 weeks." Utilization review denied the request on 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (ESI) ONCE PER WEEK FOR THREE WEEKS UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46, 47.

Decision rationale: This patient presents with pain in the left leg. On 01/21/2014, he stated pain in the left leg and denied numbness and tingling. The MTUS Guidelines have the following regarding ESI under chronic pain section 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 general recommendation of no more than 4 blocks per year." In this case, the treater notes 8 months of pain relief with prior ESI. The medical file provided for review does not include the operative report, and the progress reports from 02/26/2013 to 01/21/2014 provides no discussions of pain relief from prior injection. Furthermore, this patient presents with a negative straight leg raise and does not present with dermatomal distribution of pain/paresthesia and there are no MRI findings noted in the medical file. Furthermore, MTUS guidelines does not allow for a "series" of injections. The requested lumbar ESI is not medically necessary.