

Case Number:	CM14-0033074		
Date Assigned:	05/05/2014	Date of Injury:	08/15/2011
Decision Date:	08/06/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 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 33-year-old male with an 8/15/11 date of injury. 3/18/14 Progress note described neck and low back pain, with slightly reduced range in the low back, negative SLR, reduced sensation in the left L5-S1 dermatome, and 4/5 strength in bilateral lower extremities. 1/10/14 Progress note by [REDACTED] described decreased pain for 1 month following ESI on 10/14/13. There were complaints of cervical and lumbar spine pain that is reduced with medication. He participates in a home exercise program. Clinically, there was an antalgic gait; inability to heel and toe ambulation, and 4/5 motor strength in the EHL, as well as 1+ DTRs. 12/23/13 Progress note described significant improvement to the low back pain left leg following left L4-5 ESI. Low back and left leg pain were reduced by 60% until the most recent week or two, where there was increased pain. 11/11/12 Progress note by [REDACTED] described 60% improvement of pain with the ESI. 4/22/13 lumbar MRI revealed at L4-5 3 mm disc bulge boarding on broad based disc extrusion; mild facet hypertrophy; mild foraminal compromise; mild effacement of the cal sac.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 300 and on the MTUS Chronic Pain Medical Treatment Guidelines, page 46 and on the Non-MTUS Official Disability Guidelines (ODG), Low back chapter, ESI and on the Non-MTUS AMA Guides, (radiculopathy).

Decision rationale: Medical necessity for the requested lumbar ESI is established. The patient's initial ESI at L4-5 was performed on 10/14/13. Although prior denial was based on the duration of pain relief from the first lumbar ESI, and due to a discrepancy between two doctor notes, one describing slightly less pain relief than the other. The California MTUS recommends repeat blocks if there is at least 50-70% pain relief for six to eight weeks following previous injection. There was description of not only pain relief, but also functional improvement. In addition, Official Disability Guidelines states that during the diagnostic phase, a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). Due to the documented pain relief and functional improvement that is very near guideline recommendations the request is substantiated. Therefore, the request is medically necessary.