

Case Number:	CM14-0038438		
Date Assigned:	06/27/2014	Date of Injury:	02/01/2009
Decision Date:	07/23/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/01/2014

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 Emergency Medicine 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 reported a date of injury on 2/1/2009. No mechanism of injury was provided. The patient has a diagnosis of lumbago, lumbar stenosis, lumbar radiculitis and lumbar disc degeneration. Pt also has a diagnosis of knee and cervical pain and problems. The patient had received L lumbar ESI on 6/11/13 but no report on Lumbar Epidural Steroid Injection (LESI) was provided. Multiple medical records from the primary treating physician and consultants reviewed. The last report was available until 6/19/14. The patient complains of low back pain. Pain is 5-6/10 but occasional worsens to 9/10. The pain is constant but worsens in the morning and radiates down both legs. The beneficiary complains of numbness in both feet which worsens with prolonged walking, and standing and has been stable but not improving. The objective exam reveals decreased range of motion especially with flexion. There is tenderness to lumbar paraspinous and lumbar spinous process. Normal light touch. Normal Strength except for mildly decreased 4/5 R hip flexors and quadriceps. A review of multiple records show no mention of success of failure of LESI. The only report that mentions LESI was on 11/21/13 which states that LESI "did not provided long term relief of symptoms". An MRI of the lumbar spine(1/13/14) reveals disc bulge with small annular fissure tear, mild bilateral arthropathy, mild spinal canal stenosis and L foraminal stenosis at L4-5 with similar findings at L5-6. The patient is reportedly on ibuprofen and voltaren for pain. Other medications are for other medical problems. The patient has completed physical therapy without much improvement. The Utilization review is for Lumbar Epidural Steroid Injection (LESI) L4-5 using fluoroscopic guidance. The prior Utilization Review (UR) on 3/7/14 recommended denial. The reviewer notes 2 attempts to contact treating physician with no success.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat LESI L4-L5 using fluroscopy for guidance: 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(ESI) Page(s): 46.

Decision rationale: The beneficiary had Lumbar Epidural Steroid Injection done on 6/11/13 but any relief was minimal and short term. As per MTUS criteria, pt must have over 50% improvement in pain lasting at least 6-8weeks for additional LESI to be recommended. The patient fails that criteria and therefore additional repeat Lumbar ESI is not medically necessary.