

Case Number:	CM14-0057730		
Date Assigned:	07/09/2014	Date of Injury:	05/19/2011
Decision Date:	09/05/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family 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:

This is a 46 year old male patient who reported an industrial injury on 5/19/2011, over three (3) years ago, to the lower back attributed to the performance of his regular job tasks. The patient complains of lower back pain radiating to the bilateral lower extremities (BLE) left greater than right. There were no documented objective findings on the 3/17/14 PR-2. There were no documented neurological deficits to the BLEs. The EMG dated 2/24/2014 documented evidence of a L5 nerve denervation to the right. The MRI of the lumbar spine documented severe degenerative changes within the lumbar spine from L1-S1. The patient was noted to have laminectomy changes to L4-L5 and L5-S1 along with facet arthropathy. The diagnosis was chronic low back pain status post discectomy L4-L5 and L5-S1. The treatment plan included full duty and lumbar epidural steroid injections x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection X2 series: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300; 179-180, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s):

46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) back chapter lumbar spine ESI.

Decision rationale: The criteria recommended by the CA MTUS for the provision of lumbar ESIs were not documented. The patient does meet the CA MTUS criteria for a lumbar ESI under fluoroscopic guidance to the L4-S1 nerve roots bilaterally. The use of lumbar spine ESIs is recommended for the treatment of acute or subacute radicular pain in order to avoid surgical intervention. The patient is not noted to have objective findings on examination consistent with a bilateral L5 or S1 nerve impingement radiculopathy. The reported radiculopathy was not corroborated by imaging studies or Electrodiagnostic studies. The patient is noted to be status post laminectomy/discectomy to L4-L5 and L5-S1 and the Electrodiagnostic study indication of L5 denervation appears to be chronic. There is no demonstrated nerve impingement radiculopathy on the MRI. There is no impending surgical intervention. The patient is being treated for chronic low back pain with radiation to the lower extremities. The request for lumbar ESI times two is directed to degenerative disc disease without evidence of an acute nerve impingement radiculopathy. Evidence based guidelines recommend the provision of one ESI with a subsequent evaluation for functional improvement prior to authorization of a second lumbar spine ESI. There is no documented rehabilitation effort. The patient is noted to use Norco only occasionally and has not been demonstrated to have any sustained functional improvement based on the first L5-S1 ESI. The patient is being treated for a subjective radiculitis with reported chronic low back without MRI or EMG/NCV evidence of a nerve impingement radiculopathy. There is no demonstrated medical necessity for lumbar spine L4-S1 ESI x2 for the reported chronic pain issues.