

Case Number:	CM14-0062437		
Date Assigned:	07/11/2014	Date of Injury:	03/11/2011
Decision Date:	09/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/05/2014

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 Occupational 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 74-year-old male patient with a 3/11/11 date of injury. He injured himself while lifting a heavy box and felt sharp pain in his back. A progress report dated on 4/2/14 indicated that the patient had chronic pain in his lower back and legs, 8-10/10 without medication and 4-5/10 with medication. Prolonged standing, sitting or walking caused increased pain. MRI dated on 9/3/13 revealed evidence of multilevel discogenic degenerative changes characterized by disc desiccation, intervertebral disc narrowing, associated endplate degenerative changes, and degenerative spurring. There were postoperative hemilaminectomy changes at left L5-S1. An 11/03/13 EMG study demonstrated bilateral L5 radiculopathy, and chronic right L3-4 radiculopathy. Physical exam revealed decreased range of motion on the lumbar spine. There was no obvious spasm on the bilateral lumbosacral spine, but he fell pain to palpation over the L1 to down to the sacroiliac joint bilaterally. He was diagnosed with Lumbosacral sprain, with right sided radiculopathy. Treatment to date: medication management, physical therapy and one epidural steroid injection with no improvement of clinical symptoms (note from 2/11/14 progress report). There is documentation of a previous 4/8/14 adverse determination, based on the fact that there was no evidence of functional improvement after previous epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection Bilateral L5, L3-L4: 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: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The patient presented with the pain in the lower back and legs. MRI dated on 9/3/13 revealed evidence of multilevel discogenic degenerative changes characterized by disc desiccation, intervertebral disc narrowing, associated endplate degenerative changes. EMG dated on 11/3/13 demonstrated bilateral L5 radiculopathy, and chronic right L3-4 radiculopathy. However, there was no documentation of subjective or objective improvement after the previous epidural steroid injection as noted in the progress report dated on 2/11/14. Guidelines support repeat epidural steroid injection only if there was at least 50-70% pain relief after the initial ESI. Therefore, the request for Lumbar Epidural Steroid Injection Bilateral L5, L3-L4 was not medically necessary.