

Case Number:	CM14-0065085		
Date Assigned:	07/11/2014	Date of Injury:	04/02/2001
Decision Date:	09/15/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/08/2014

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:

The patient is a 65-year-old male who has submitted a claim for status post L5-S1 fusion with hardware removal and decompression (undated); associated with an industrial injury date of 04/02/2001. Medical records from 2009 to 2014 were reviewed and showed that patient complained of back pain. The patient had an epidural steroid injection on April 2014, which provided pain relief for approximately 3 days. Physical examination showed tenderness over the right sacral notches. Range of motion was decreased. Straight leg raise test was negative. DTRs (Deep Tendon Reflexes) were normal. Motor testing was normal. Sensation was intact. MRI of the lumbar spine, dated 02/03/2014, showed moderate to severe neural foraminal stenosis with abutment of the right exiting nerve root at the level of L3-L4, moderate bilateral neural foraminal stenosis at the level of L4-L5, and moderate bilateral neural foraminal stenosis with abutment of the exiting L5 nerve roots at the level of L5-S1. Treatment to date has included epidural steroid injection, and surgery as stated above. Utilization review, dated 04/21/2014, denied the request for 2nd lumbar epidural steroid injection because there was no evidence of radiculopathy, there was no MRI formal report showing evidence of neural compromise, and he had only 3 days of reported relief after the initial epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 2nd Lumbar epidural steroid injection: 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 Page(s): 46.

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient complains of back pain despite ESI and surgery as stated above. The patient has had one ESI on April 2014, which provided pain relief for approximately 3 days. MRI of the lumbar spine, dated 02/03/2014, showed moderate to severe neural foraminal stenosis with abutment of the right exiting nerve root at the level of L3-L4, moderate bilateral neural foraminal stenosis at the level of L4-L5, and moderate bilateral neural foraminal stenosis with abutment of the exiting L5 nerve roots at the level of L5-S1. However, the medical records submitted for review failed to show evidence of radiculopathy on physical examination. Moreover, there was no discussion regarding percentage of pain relief and functional improvement from the previous ESI, and pain relief lasted for approximately 3 days only. In addition, the medical records do not clearly state failure of conservative management including medications and trials of physical therapy. Lastly, the present request as submitted failed to specify the level of the intended procedure. The criteria for ESI have not been met. Therefore, the request for a 2nd Lumbar epidural steroid injection is not medically necessary and appropriate.