MAXIMUS Federal Services

Case Number:	CM14-0069131		
Date Assigned:	07/14/2014	Date of Injury:	07/10/1996
Decision Date:	08/21/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 57 years old female with an injury date on 07/10/1996. Based on the 05/06/2014 progress report provided by [redacted] the diagnoses are: 1. Left leg radicular symptoms. 2. Lumbar herniated nucleus pulposus at L4-5. 3. Lumbar degenerative disc disease at L3-4, L4-5 L5-S1; status post-ESI and facet blocks x2. 4. Lumbar stenosis at L4-5. 5. Lumbar facet syndrome. 6. Left leg radiculopathy. According to this report, the patient complains of persistent back pain with radiating pain into the legs. The patient had significant improvement of her backache and leg pain by an epidural steroid injection at the L4-5 and L5-S1 levels and facet block, which lasted nearly a year. The patient has focal tenderness bilaterally over the L3-4, L4-5 and L5-S1 posterior spinous processes and paraspinous muscles. The patient shows no focal neurological deficits L2 through S1 on motor and sensory evaluation. There were no other significant findings noted on this report. [redacted] requesting lumbar epidural steroid injection at L4-L5 and L5-S1 (unspecified laterally). The utilization review denied the request on 04/15/2014. [redacted] is the requesting provider, and he provided treatment reports from 08/29/2007 to 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L4-L5 and L5-S1 (Unspecified laterally) 1 Injection as an Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - https://www.acoempracguides.org/ Low Back; Table 2, Summary of Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46-47.

Decision rationale: According to the 05/06/2014 report by [redacted] this patient presents with persistent back pain with radiating pain into the legs. The treater is requesting lumbar epidural steroid injection at L4-L5 and L5-S1 (unspecified laterally).The utilization review denied the request based on lack of information. Regarding epidural injection, MTUS Guidelines page 46 and 47 Recommended as an option for treatment for radicular pain. For repeat injections during therapeutic phase, continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year. Review of the reports show that the patient had an ESI in the past. On 5/6/14 report mentions that the patient experienced nearly a year of improvement following the last injection. However, there is no documentation of functional improvement, the degree of relief is not documented to determine whether or not 50% or more was achieved, and medication reduction is not documented. Furthermore, MRI report is not provided, dermatomal distribution of pain is not described and examination does not point to radiculopathy. The request is not medically necessary.