

Case Number:	CM14-0070181		
Date Assigned:	07/14/2014	Date of Injury:	12/10/2009
Decision Date:	09/08/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/15/2014

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 Medication and Rehabilitation 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 injured worker is a 37-year-old male, who sustained injuries to his lower back, neck and left ankle after falling from a 6' ladder on 12/10/09. The 4/30/14 progress report indicates he is status post lumbar ESI on 3/18/14 and reports 30% relief of his lower back complaints and 40% relief of his lower extremity complaints. He continues to have acupuncture for right ankle. He complains of suicidal ideation, but notes the depression is decreasing. Objective findings indicate antalgic gait, DTRs are noted to be symmetrical bilaterally. Sensation is noted to be decreased in the left L4, left L5, and S1 dermatomes. It is noted that the straight leg raise is positive bilaterally. The diagnoses are: 1. Degeneration of lumbar spine 2. Lumbar disc 3. Sprain/strains of the neck 4. Sprain/strain of the thoracic region 5. Pain in the ankle joint The utilization review report dated 5/19/14 denied the request for lumbar epidural steroid injection under lumbar epidurogram, fluoroscopic guidance and intravenous sedation between 5/8/14 and 6/22/14. The decision was based upon lack of improvement from the previous ESI and lack of medical necessity for sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steriod Injection at the L5-S1 under Epidurogram, Fluoroscopic Guidance and Intravenous Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use of Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Low Back, Epidural steroid injections, therapeutic, Fluoroscopic Guidance.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of ESI Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The injured worker has persistent lower back and lower extremity complaints without MRI evidence of disc herniation impinging upon nerve roots. His most recent MRI dated 6/9/11 revealed stable findings of degenerative disc disease at L5/S1. Most recent treatment notes from the treating physician note that he is status post lumbar ESI as of 3/18/14 and reported 30% reduction in back pain, and 40% reduction in LE complaints. However, records do not indicate any reduction in medications or improvement in function. The chronic MTUS guidelines clearly state that for a repeat ESI there must be at least a 50% reduction in pain and associated reduction of medication use for 6-8 weeks for additional or repeat ESI to be recommended. For this reason my recommendation is for denial of the request for lumbar epidural steroid injection under lumbar epidurogram, fluoroscopic guidance and intravenous sedation.