

Case Number:	CM14-0070306		
Date Assigned:	07/14/2014	Date of Injury:	06/15/2004
Decision Date:	09/11/2014	UR Denial Date:	05/07/2014
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 Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 51 year old male with a work injury dated 6/15/04. The diagnoses include lumbago, sciatica, and chronic pain syndrome. Under consideration is a request for 1 lumbar epidural injection under ultrasound guidance. There is a physician report dated 11/13/13 that states that the patient does experience back pain and left leg pain but overall, he continues to experience about 75% relief from his June 4, 2013 left-sided L5-S1 epidural. On exam the patient has minimal tenderness over the lower lumbar spine with lumbar spine spasms and he has a negative straight leg raising test with 30 on the left, but a negative on the right, motor of 5/5 in his lower extremities. His reflexes are 1+/1+ at L4 and S1. He has minimal numbness to touch of the dorsal aspect of his foot and to the great toe. A 12/19/13 document states that the patient underwent a lumbar epidural, left sided L5-S1 on 6/04/2013. He continues to experience about 75% relief following this epidural. However, he does feel that it maybe beginning to wear off. He has pain and numbness that shoots down his left leg. This is aggravated with long periods of sitting and standing. Previous nerve study dated 3/25/2013 demonstrated chronic LS-S1 radiculopathy, activedenervation seen in the S1 myotome on the left. Examination of the lumbar spine: He has a minimal amount of tenderness with direct palpation through the para lumbar muscles with spasm and guarding. Positive straight leg raising on the left at 30 degrees, negative on the right. muscle strength testing is 5/5 in all extremities. Reflexes are 1+/1+ at L4 and S1. The plan included a left sided LS-S1 lumbar epidural to provide further relief of his left leg radicular symptoms. On 1/3/14 he underwent a left L5-S1 fluoroscopically guided epidural steroid injection. A 2/5/14 document states that the patient continues to experience about 75% relief following the 1/3/14 epidural. He has less pain and numbness that shoots down his left leg. His low back pain is aggravated with long periods of sitting and standing. A 2/24/14 pain

management document states that the patient is stable on current medication regimen and has not changed essential regimen in greater than six months. He is requesting for his refill for Norco 10/325. He has no new complaints to report. His condition is unchanged. Pain level has remained unchanged since the last visit. His medications include a Lidoderm 5% Patch (700 Mg/patch) SIG: daily as needed; Norco 10-325 Tablet Mg SIG: 1-2 PO Q3-4 PRN (NTE 7/day); and Methadone 10 Mg/ml Oral Conc. (Other MD) SIG: 60 mg daily. A 4/24/14 office visit states that the patient experienced 75% relief of his condition until just recently. This is over two month's relief from his L5-S1 epidural on 6/14/13. Now, he rates his improvement about 30%. He would like to undergo an additional lumbar epidural to further reduce his symptoms. He is now complaining of left leg pain radiating down the left of his leg and numbness that is non relenting.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar epidural injection under ultrasound guidance.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

Decision rationale: 1 lumbar epidural injection under ultrasound guidance is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that in the therapeutic phase 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 six to eight weeks. The documentation does not indicate that the patient has had a reduction in his medications for 6-8 weeks after the injections. The request for 1 lumbar epidural injection under ultrasound guidance is not medically necessary.