

Case Number:	CM14-0091957		
Date Assigned:	07/25/2014	Date of Injury:	03/15/1999
Decision Date:	10/02/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/16/2014

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 & Rehabilitation and Pain Management, 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 58-year-old male with a date of injury of 03/15/1999. The listed diagnoses per [REDACTED] are: 1. Postlaminectomy syndrome, lumbar. 2. Lumbago. According to progress report 04/07/2014, the patient with low back pain and left lower extremity pain. He continues to note radiation down the left lower extremity anteriorly to the ankle with numbness in the anterior shin. The patient underwent a prior lumbar epidural steroid injection on 11/05/2013 and "he is no longer noting relief." The patient states he experienced 2.5 to 3 months of at least 50% relief in his low back pain, but his lower extremity pain continued without relief. MRI of the lumbar spine from 09/20/2001 revealed diffuse generalized disk bulges at L1 through L4. There was moderate spinal canal stenosis noted due to the diffuse generalized disk bulge that is evident at these levels. Objective findings revealed decreased sensation to light touch along the proximal left dorsum of foot. The patient is interested in repeating the LESI. The treater is requesting lumbar epidural steroid injection at levels L2-L3 and L3-L4, epidurogram, fluoroscopic guidance and IV sedation. Utilization review denied the request on 06/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L2-L3 and L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Epidural Steroid Inject. Decision based on Non-

MTUS Citation Official Disability Guidelines Treatment for Workers Compensation, Online Edition; Chapter; Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's (Epidural Steroid Injections) Page(s): 46,47.

Decision rationale: This patient presents with continued low back pain that radiates into the lower extremities. The treater is requesting repeat lumbar epidural injection to levels L2-L3 and L3-L4, epidurogram, fluoroscopic guidance and IV (Intravenous) sedation. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy." For repeat injections during therapeutic phase, "continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." In this case, the patient reported 50% "relief" for about 3 months, but there is no documentation of functional improvement or associated reduction of medication use. The patient continued with same monthly medication regimen despite treater's report that patient is benefiting from injections. A repeat injection would not be indicated given the lack of functional improvement as defined by MTUS. Therefore, the request of Lumbar Epidural Steroid Injection at L2-L3 and L3-L4 is not medically necessary and appropriate.

Each Additional Level x2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lumbar Epidurogram x1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Fluoroscopic Guidance x1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

IV (Intravenous) Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.