

Case Number:	CM14-0098682		
Date Assigned:	07/28/2014	Date of Injury:	04/19/1989
Decision Date:	09/09/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/26/2014

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 Surgery 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 61-year-old female with a date of injury of 04/19/1989. The listed diagnoses per [REDACTED] are: Herniated lumbar disk, DDD lumbar spine and Spine stenosis of the lumbar. According to progress report 05/22/2014 by [REDACTED], the patient presents with low back pain with radiculopathy of the leg. The patient reports radiation into her left buttock and thigh. She has had 1 epidural steroid injection in December which "improved her pain by at least 60% for 2- to 3-week period." Examination revealed tenderness over the left sacroiliac joint. Pain is increased with range of motion and positive bowstring sign at 80% of straight leg rising. The patient denied numbness, radicular pain, and paresthesia. The provider states it has been 6 months since the first successful injection and is requesting a series of 3 lumbar epidural steroid injections. Review of the medical file indicates the patient underwent a cervical discectomy with fusion at C4-C5 in 2000 and L4-L5 laminectomy in December of 2011. The treating physician recounts a prior MRI scan which revealed spinal stenosis at L3-L4 due to facet arthropathy, right paracentral herniation at L4-L5 and small central herniation at L5-S1 but no significant stenosis. The MRI report was not provided for review. Utilization review denied the request for a series of 3 lumbar steroid injections on 06/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF THREE (3) LUMBAR EPIDURAL STEROID INJECTIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

Decision rationale: This patient presents with low back pain that radiates to the left buttock. The provider is requesting a series of 3 lumbar epidural steroid injections. 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." 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 received pain relief for only for "2- to 3-week period" from prior injection. MTUS recommends for repeat injections documentation of functional improvement, medication reduction and pain relief for 6-8 weeks. Furthermore, MTUS does not support "series" of epidural steroid injections. This request is not medically necessary.