

Case Number:	CM13-0017079		
Date Assigned:	02/21/2014	Date of Injury:	01/18/2005
Decision Date:	04/13/2015	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/27/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72 year old female, who sustained an industrial injury on 1/18/05. On 8/27/13, the injured worker submitted an application for IMR for review of Lumbar Epidural Steroid Injection L1- L2 and L2- L3. The treating provider has reported the injured worker complains of recurrence of lower back pain as well as radicular pain and uses a cane for ambulation. The diagnoses have included spinal stenosis L1-3; lumbago; paresthesia left lower extremities. Treatment to date has included status post lumbar discectomy and fusion L3-S1; lumbar transforaminal epidural steroid injection (9/13/12 and 3/11/13). On 8/12/13 Utilization Review non-certified Lumbar Epidural Steroid Injection L1- L2 and L2- L3. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L1- L2 AND L2- L3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: Per the progress report dated 05/22/13, patient presents with recurring lower back pain as well as radicular pain. The request is for LUMBAR EPIDURAL STEROID INJECTION L1-L2 AND L2-L3. Patient's diagnoses per progress report dated 06/19/13 include spinal stenosis L1-L3, lumbago, and paresthesia Left lower extremities. Patient is status post lumbar discectomy and fusion L3- S1. Physical examination to the lumbar spine performed on 05/22/13 revealed positive sciatic notch tenderness and pain with terminal range of motion. Per the progress report dated 04/24/13, the treater instructs the patient to "continue taking her medications." However, the list of medications is not available on this or any other available report. 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." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. No more than two nerve root levels should be injected using transforaminal blocks. Criteria for the use of Epidural steroid injections: 7) 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003)." Progress report dated 01/23/13, the patient did have an epidural injection on 09/13/12. The treater states, "She had a great deal of improvement with her pain after the last epidural injection. She does still have some back pain with radiating symptoms." The patient was authorized for a second injection (date unavailable) and in the progress report thereafter, dated 03/27/13, the treater states, "She just recently had epidural injection and has had a great deal of improvement. She does not have the radicular pain that she used to have in the past." However, in the progress report dated 05/22/13, the treater states that the patient "has continued to have pain in her lower back with radiation down the leg. Her pain has been limiting her from performing her normal daily activities." In this case, the treater has documented that the injections do help the patient. However, there is no documentation of pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, as required by MTUS. No imaging or electrodiagnostic studies were provided or discussed. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, the patient is status post lumbar discectomy, date unspecified. ODG does not recommend postoperative lumbar ESI. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.