

Case Number:	CM14-0190669		
Date Assigned:	11/24/2014	Date of Injury:	10/22/2001
Decision Date:	01/09/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/14/2014

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, 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 58 year old male with a work injury dated 10/22/01. The diagnoses include lumbar radiculopathy. Under consideration are requests for lumbar epidural steroid infusion under fluoroscopic guidance at L4-L5. Per documentation the patient received a steroid epidural in the L4-5 level on 7/7/14. There is a 7/23/14 document that states that the patient is status post epidural steroid injection on 7/7/14 with 60% pain relief in the low back and 50% relief in the legs. The medication has decreased by 25%. Functional ability has increased 30%. He complains of intermittent radiating pain in the right leg with certain movements. On exam the straight leg raise is positive at 55 degrees. Sensation is decreased at L5-S1. Heel toe walk is intact. The range of motion is flexion is 45 degrees; extension of 20 degrees; and right and left 25 degrees. The treatment plan is follow up in 2 months and continue home exercise program. There is a 9/29/14 progress note that states that the patient presents with recurrence of his low back pain with radiation into both buttocks into the bilateral lower extremities. His walking distance is reduced due to pain. He rates the pain as 6-7/10. The lumbar spine exam revealed tenderness to palpation over the paravertebral musculature. There is tenderness at the spinous processes. The straight leg raise is positive at 50 degrees on the right and 60 degrees on the left. There is decreased sensation in the L5-S1 dermatomes. Heel to toe walk is intact. There is decreased deep tendon reflex on the right Achilles. The 5/5/10 lumbar MRI demonstrates 1-2mm disc protrusion at L2-L4 and L3-L4. There is 2-3mm disc protrusion at L4-L5 and 1mm disc protrusion at L5-S1. There is facet joint hypertrophy and bilateral neural foraminal narrowing at L4-L5 secondary to the facet joint and disc protrusion. The discussion states that the patient has failed conservative management and had 50-60% reduction in pain symptomatology for over 8 weeks. There is a request for a second lumbar epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid infusion under fluoroscopic guidance at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI's).

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

Decision rationale: Lumbar epidural steroid infusion under fluoroscopic guidance at L4-L5 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, with a general recommendation of no more than 4 blocks per region per year. The documentation indicates that the patient had one follow up visit on 7/23/14 only slightly over 2 weeks after the prior L4-L5 injection. There are no office visits following this revealing that the patient has maintained the minimum of 50% relief of pain and associated reduction of medications for 6-8 weeks. The request for lumbar epidural steroid infusion under fluoroscopic guidance at L4-L5 is not medically necessary