

Case Number:	CM14-0196079		
Date Assigned:	12/04/2014	Date of Injury:	05/03/2009
Decision Date:	01/21/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab 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 injured worker is a 63-year-old male, with a reported date of injury of 05/03/2009. The result of the injury was low back pain. The current diagnoses include low back pain; multilevel lumbar spondylosis and degenerative scoliosis; left sciatica; L4-L5 spondylolisthesis and spinal stenosis. The past diagnosis includes displacement of lumbar intervertebral disc without myelopathy. The treatments have included an MRI of the lumbar spine on 06/21/2014, which showed L4-L5 disc herniation, bilateral neural foraminal narrowing affecting L4 exiting nerve roots. The progress report dated 10/08/2014 (73) indicates that the injured worker complained of pain in the head with radiation to both arms, and pain in the lower back, with radiation to both legs. The pain was associated with numbness and tingling in the hands and feet. He rated his pain a 9 out of 10. The injured worker mentioned that the pain in his back is 90% of his pain, and the pain in his legs is 40% of his pain. He was able to walk two blocks before having to stop because of the pain. The objective findings include a normal gait pattern. An examination of the lumbar spine revealed full range of motion; normal alignment, with normal lumbar lordosis; diminished sensation in the bilateral L4 and L5 dermatomes of the lower extremities; a positive straight leg raise bilaterally to 45 degrees. On 11/05/2014, Utilization Review (UR) denied the request for a lumbar epidural steroid injection at L4-L5. The UR physician noted that the injured worker had no reported reduction in pain after his lumbar transforaminal steroid injection at L4-L5 on 10/19/2013. The UR physician cited the MTUS Chronic Pain Guidelines, which indicates that repeat blocks should be based on continued objective documented pain and functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L4-5: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The patient presents with low back pain with radiation into both legs. The current request is for epidural steroid injection at L4-5. The treating physician states that the patient's pain is accompanied by radiation into both arms and both legs and is associated with numbness and tingling in the hands and feet. According to the MTUS guidelines, "Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended." Also, "A second block is not recommended if there is inadequate response to the first block." In this case the treating physician documented on office visit note of 5/14/14 that the patient has "failed to respond to conservative treatment including chiropractic treatment and therapy through the chiropractor, medications and epidural steroid injections." Since there is a lack of documentation provided of significant benefit following the first epidural steroid injection the MTUS guidelines do not support a second ESI. The request is not medically necessary.