

Case Number:	CM14-0196246		
Date Assigned:	12/04/2014	Date of Injury:	02/06/2009
Decision Date:	01/16/2015	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 and Rehabilitation, 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 69-year-old male with injury date of 02/06/09. Based on the 10/03/14 progress report, the patient complains of lower back pain radiating to both legs. Physical examination to the lumbar spine revealed tenderness to palpation along L4, L5, and S1 spinous process, and limited and painful range of motion. Straight leg raise was positive on the left. Treater requests epidural injection since the patient had 30% pain relief from previous injection per 10/03/14 report. Diagnostic test: -MRI of the lumbar spine: L4-5 and L5-S1 severe degenerative disc disease with disc herniation at L3-4, L2-3 and nerve root impingement at S1 per 07/11/14 progress report. Diagnosis 10/03/14: -Lumbar radicular pain. -Anxiety. -Depression. The request is for lumbar epidural steroid injection. The utilization review determination being challenged is dated 11/06/14. The rationale is "there was only 30 percent pain relief noted from the last injection and there was no documentation indicating the patient had a decrease in medication use." Treatment reports were provided from 06/27/14 to 11/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Section.

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

Decision rationale: MTUS has the following criteria regarding ESI's, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," and "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." Per progress report dated 10/03/14, treater requests epidural injection since the patient had 30% pain relief from previous injection. Treater has documented that patient presents with radicular symptoms. Physical examination of the lumbar spine on 10/03/14 revealed tenderness to palpation along L4, L5, and S1 spinous processes, and positive straight leg raise test on the left. However, findings from examination are not corroborated with MRI of the lumbar spine, which revealed disc herniation at L3-4 and L2-3 per 07/11/14 progress report. Furthermore, treater has not specified levels or sides that would be injected. Moreover, MTUS requires documentation of pain and functional improvement for repeat injections, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, which has not been documented. The request does not meet guideline criteria; therefore it is not medically appropriate.