

Case Number:	CM14-0196366		
Date Assigned:	12/03/2014	Date of Injury:	03/14/2012
Decision Date:	01/20/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 57 year old male with an injury date of 03/14/12. Based on the 10/28/14 progress report, the patient of lower back pain rated as 8/10 without medications that radiates to his left toes. Physical examination to the lumbar spine revealed tenderness and are muscle spasms over the lumbar paraspinal muscles. Straight leg raise test was positive on the left. The patient had a lumbar epidural steroid injection on 06/11/13 which relieved his pain by 50%. MRI of the lumbar spine without contrast dated 12/19/12. There is no disc protrusion at L1-2. There is no dorsal disc protrusion at L2-3. There is mild broad-based dorsal disc bulge at L3-4 with a right paracentral annular fissure, which causes mild flattening of the ventral thecal sac and mild bilateral foraminal encroachment. There was no disc protrusion at L4-5. There was no dorsal disc protrusion at L5-S1, but there was a left dorsal annular fissure. Diagnosis 10/28/14:- Neck pain- Cervical disc disease- Cervical radiculopathy- Low back pain- Lumbar disc disease- Lumbar spondylolisthesis- Lumbar radiculitis The utilization review determination being challenged is dated 11/10/14. The rationale is "There was one LESI in June of 2013. One month later, the report from the doctor states that there is severe back and left leg pain, worsening; there was no mention of any improvement with epidural. The report at this time did not provide improvement by at least 50%. A repeat epidural is not supported." Treatment reports were provided from 1/10/13-10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar interlaminar ESI L5-S1 Under fluoroscopic and conscious sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections ESIs Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Epidural steroid injections (ESIs).

Decision rationale: MTUS Guidelines, pages 46-47, Chronic Pain Medical Treatment Guidelines: Epidural steroid injections (ESIs): "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." ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Epidural steroid injections (ESIs), therapeutic: With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor." Treater has documented that patient presents with radiating symptoms supported by physical examination findings, and has corroborated with MRI dated 12/19/12. The request would be indicated by guideline. Per progress report dated 10/28/14 treater states that the patient had a lumbar epidural steroid injection on 06/11/13 which "relieved his pain by 50%." However, UR letter dated 11/10/14 states, "There was one LESI (lumbar epidural steroid injection) in June of 2013. One month later, the report from the doctor states that there is severe back and left leg pain, worsening; there was no mention of any improvement with epidural. The report at this time did not provide improvement by at least 50%. A repeat epidural is not supported." It would appear that the patient had an ESI on June of 2013 without significant improvement. The treater does not discuss prior injection and repeat injection would not be supported by MTUS without documentation of significant improvement lasting at least 6-8 weeks. Therefore, the request is not medically necessary.