

Case Number:	CM14-0197287		
Date Assigned:	12/05/2014	Date of Injury:	11/20/2000
Decision Date:	02/06/2015	UR Denial Date:	10/30/2014
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 Rehabilitation 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 55-year-old male who has submitted a claim for lumbar spondylosis, lumbar radiculopathy and major depressive disorder associated with an industrial injury date of November 20, 2000. Medical records from 2014 were reviewed. The patient complained of low back pain described as constant and sharp rated 7 to 8/10 severity. The patient reported 60% pain relief for 4 to 5 months status post epidural steroid injection given on 1/30/2014. Physical examination of the lumbar spine showed tenderness and limited motion. Treatment to date has included lumbar epidural steroid injections on 1/30/2014 and 7/14/14, and medications. The utilization review from October 30, 2014 denied the request for lumbar epidural steroid injection under fluoroscopy at L5 to S1 because there was no clear evidence that the patient responded well from the most recent injection given on July 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection under fluoroscopy at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case, the patient complained of low back pain described as constant and sharp rated 7 to 8/10 severity. The patient reported 60% pain relief for 4 to 5 months status post epidural steroid injection given on 1/30/2014. Physical examination of the lumbar spine showed tenderness and limited motion. The patient received a second ESI on 7/14/14. However, there is no documentation concerning percentage and duration of pain relief. The most recent physical examination likewise failed to show evidence of radiculopathy. Imaging studies documenting nerve root impingement are also not submitted for review. Guideline criteria are not met. Therefore, the request for lumbar epidural steroid injection under fluoroscopy at L5-S1 is not medically necessary.