

Case Number:	CM14-0205044		
Date Assigned:	12/17/2014	Date of Injury:	09/26/2000
Decision Date:	02/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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 patient is a 63 year old male with date of injury 09/26/2000. The treating physician report dated 10/16/14 indicates that the patient presents with pain affecting his low back which is radiating and causes numbness and tingling, and neck pain. (712) The physical examination findings reveal palpable spasms with tenderness on the lumbar spine, tenderness on the facet joint lower right & left, decreased flexion & extension, and positive left & right straight leg test. Prior treatment history includes lumbar & cervical ESI, TENS unit, and medication. MRI findings reveal C3-4 has mild central canal stenosis with mild bilateral neural foraminal stenosis, C4-5 & C5-6 have degenerative disc disease, and C6-7 has central canal stenosis with moderately severe neural foraminal stenosis and mild right neural foraminal stenosis, and L2-3 has a large disc protrusion, L3-4 has a right disc protrusion, and L4-5 has a minimal disc bulge. The current diagnoses are: 1. Cervical Spine Stenosis 2. Cervical Radiculopathy 3. Lumbosacral Spondylosis (L4-5) 4. Lumbar Radiculopathy 5. Opioid Dependence The utilization review report dated 11/11/14 denied the request for Interlaminar L5-S1 Epidural Steroid Injection Qty:1.00 based on clinical information does not document radiculopathy and guidelines not being met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar L5-S1 Epidural Steroid Injection Qty:1.00: Upheld

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

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

Decision rationale: The patient presents with pain affecting his low back which is radiating and causes numbness and tingling, and neck pain. The current request is for Interlaminar L5-S1 Epidural Steroid Injection Qty:1.00. The treating physician states, "Patient reports 80% relief from LESI #2. Relief has been gradually diminishing." (724) The MTUS guidelines state, "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." In this case, the treating physician has documented that the patient has had greater than 50% relief from the injection but did not document a reduction in medication usage. MTUS guidelines also state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The MRI report did not show that there was any disc findings at L5/S1 consistent with radiculopathy. The request is not medically necessary.