

Case Number:	CM14-0208881		
Date Assigned:	12/22/2014	Date of Injury:	04/11/2014
Decision Date:	02/18/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 58 year old male with the injury date of 12/03/14. Per 11/04/14 report, the patient has low back pain, radiating down his lower extremities. Physical therapy is helping. The epidural injection on 09/16/14 gave 100% pain relief which lasted for 10 days. The patient is currently working without restrictions. Physical examination reveals that decreased sensation in the L5 nerve root distribution. The lists of diagnoses are:1) Disc degeneration lumbar spine2) Facet arthropathy3) S/P block with great relief initially, but the pain has returnedMRI on 07/29/14 demonstrates1) multilevel disc space height reduction at L1-2 through L5-S12) moderate L4-5 ligamentum flavum hypertrophy and facet joint arthropathy bilaterally3) 3.5mm posterior disc bulge at L5-S14) 4) 3-3.5mm broad-based posterior disc protrusion at L4-5, in conjunction with moderate ligamentum flavum hypertrophy resulting in severe bilateral L4-5 lateral recess stenosis and severe spinal canal stenosis.5) Moderate bilateral L4-5 formaninal stenosis6) 3-4mm disc bulge at L5-S1Per 08/14/14 report, the patient continues to have intermittent low back pain. The treater recommends Ortho consultation to determine if cortisone injections or surgery is needed at this point. The utilization review determination being challenged is dated on 12/03/14. Treatment reports were provided from 04/11/14 to 09/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat bilateral lumbar epidural injection L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46 and 47.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremities. The request is for REPEAT BILATERAL LUMBAR EPIDURAL INJECTION at L4-L5. The patient had ESI on 09/16/14 with 100% pain relief which lasted for 10 days. The MRI 07/29/14 shows 3-3.5mm broad-based posterior disc protrusion at L4-5. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. MTUS also states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain....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, MRI shows significant disc protrusion at L4-5 and the treater has documented that 100% patient's pain and symptoms resolve for 10 days following lumbar epidural injection on 09/16/14. MTUS supports repeat Epidural injections when the pain and function improvement last for 6-8 weeks. This patient had 10 day's pain relief. Therefore, the repeat injection IS NOT medically necessary.