MAXIMUS Federal Services

Case Number:	CM14-0209004		
Date Assigned:	12/22/2014	Date of Injury:	04/18/1996
Decision Date:	02/18/2015	UR Denial Date:	11/24/2014
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 77 year old male with an injury date on 4/18/96. The patient complains of increased back pain, and a new pain into the groin and right thigh per 11/14/14 report. A previous injection to the right hip bursa produced significant improvement for the hip pain per 11/14/14 report. The patient has "more back pain" and he remains on Oxycontin per 10/7/14 report. Based on the 11/14/14 progress report provided by the treating physician, the diagnosis is L4 radiculopathy on the right. A physical exam on 10/15/14 showed "L-spine range of motion limited, with flexion at 25% of normal." The 10/7/14 report showed "straight leg raise is negative. No motor deficits. Reflexes absent in lower extremities." The patient's treatment history includes medications, right shoulder surgery in 2012, left shoulder surgery in 2013, left carpal tunnel release in 2013, and physical therapy. The treating physician is requesting lumbar epidural steroid injection LESI at the L3-4 level as outpatient. The utilization review determination being challenged is dated 11/24/14. The requesting physician provided treatment reports from 5/5/14 to 12/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections (ESI at the L3-L4level as outpatient: Upheld

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

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

Decision rationale: This patient presents with back pain. The provider has asked for Lumbar Epidural Steroid Injection LESI at the l3-4 level as outpatient on 11/14/14. The patient had a prior epidural steroid injection on 4/22/14 at left L3-4 which gave "good relief" per 5/5/14 report. His back is giving him "[more] problems than usual" per 10/7/14 report. An MRI dated 10/2/12 showed "degenerative disc disease throughout, and mild scoliosis, laminectomy defects at L2-3 and L4-5. Flattening of the discs at each level. Bulging discs, osteophytes, and facet arthropathy combine with malalignment to distort spinal canal. At L3-4 left sided protrusion diminished. At L4-5, small posterior ostephyte to the right of midline but does not indent the thecal sac. At L5-S1 disc bulges mildly." Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to 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 patient had a prior epidural steroid injection more than 6 months ago which gave good benefit. Review of progress reports from 5/5/14 to 11/14/14, however, showed there was no documentation of 50% pain reduction and reduction in medication usage as per MTUS guidelines for repeat injections. The requested repeat epidural steroid injection is not medically necessary.