

Case Number:	CM14-0209223		
Date Assigned:	12/22/2014	Date of Injury:	12/30/2004
Decision Date:	02/18/2015	UR Denial Date:	12/04/2014
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 48 year old female with an injury date of 12/30/04. Based on the 11/19/14 progress report provided by treating physician, the patient complains of low back pain (rated 9/10 with medications, 10/10 without) which radiates down the bilateral lower thighs possessing a "sharp and throbbing" quality, accompanied by numbness, tingling, and weakness. Patient is status post transforaminal ESI to the bilateral L3-L4 on 09/30/14 with 5-20% overall improvement, status post lumbar fusion (date and level unspecified). Physical examination dated 11/19/14 revealed tenderness to palpation to the bilateral lumbar paraspinal muscles from L4 to S1. Range of motion was decreased in all planes and elicited increased pain. Sensory exam notes decreased sensitivity to the L4 and L5 dermatomes in bilateral lower extremities and decreased strength bilaterally. Straight leg test was positive bilaterally. The patient is currently prescribed Ondansetron, Zolpidem, Lyrica, MS Contin, Cyclobenzaprine, Hydrocodone, and Lidocaine jelly. Diagnostic lumbar MRI dated 08/09/11 significant findings include "Degenerative changes most evident at L4-5 with grade I anterolisthesis. There is right-sided foraminal narrowing with encroachment of the exiting right L4 nerve root. Mild spinal canal stenosis is noted at this level." Patient is currently not working. Diagnosis 11/19/14- Lumbar radiculopathy- Status post fusion, Lumbar spine- Fibromyalgia- Anxiety- Depression- Status post bilateral total knee arthroplastyThe utilization review determination being challenged is dated 12/04/14. The rationale is: "Considering the response of the patient to the previous diagnostic block with minimal improvement, there is, therefore, no clear indication for performing a second diagnostic block at the same level." Treatment reports were provided from 10/22/13 to 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4 lumbar epidural steroid injection using fluoroscopy qty:2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The patient presents with low back pain (rated 9/10 with medications, 10/10 without) which radiates down the bilateral lower thighs possessing a "sharp and throbbing" quality, accompanied by numbness, tingling, and weakness. Patient is status post transforaminal ESI to the bilateral L3-L4 on 09/30/14 with 5-20% overall improvement, status post lumbar fusion (date and level unspecified). The request is for BILATERAL L3-L4 LUMBAR EPIDURAL STEROID INJECTION USING FLUOROSCOPY QTY: 2. Physical examination dated 11/19/14 revealed tenderness to palpation to the bilateral lumbar paraspinal muscles from L4 to S1. Range of motion was decreased in all planes and elicited increased pain. Sensory exam notes decreased sensitivity to the L4 and L5 dermatomes in bilateral lower extremities and decreased strength bilaterally. Straight leg test was positive bilaterally. Diagnostic MRI dated 08/09/11 was included with the report. MTUS Chronic Pain Medical Treatment Guidelines, pages 46-47, regarding Epidural steroid injections (ESIs) states: "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." Treater has documented that patient presents with radiating lower back pain supported by physical examination findings, corroborated by MRI dated 08/09/11. However, per progress report dated 11/19/14 treater states that the patient's previous injection at the same level on 09/30/14 only provided pain relief of 5-20 percent. Repeat injection would not be supported by MTUS without documentation of significant improvement (50%) lasting at least 6-8 weeks. Therefore, this request IS NOT medically necessary.