

Case Number:	CM13-0034469		
Date Assigned:	12/06/2013	Date of Injury:	07/24/2003
Decision Date:	01/29/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California, Florida, and New York. 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 physician 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.

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 53-year-old male who reported an injury on 08/06/2002. The patient has a history of low back pain that has been treated with medication management, epidural steroid injections, and IDET annuloplasty. The patient has also undergone implantation of stimulator to the lumbar spine with subsequent removal. The most recent MRI in 08/2013 revealed 4 mm disc bulge at L3-4 and 5 mm disc bulges at L4-5 and L5-S1 with bilateral neural foraminal narrowing. Notes indicate that the patient's most recent epidural steroid injections had provided the patient with 80% pain relief. The patient does have decreased sensation in the L5 distribution, diminished bilateral Achilles reflex, and 4/5 left EHL strength. The patient has a current diagnosis of lumbar radiculopathy and is being recommended for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar epidural steroid injection at L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 465.

Decision rationale: CA MTUS guidelines recommend repeat epidural steroid injections when there is "at least 50% pain relief with associated reduction of medication use for six to eight weeks." The documentation submitted for review indicates the patient has had a history of multiple lumbar epidural steroid injections. Notes indicate that the patient received 80% pain relief status post the most recent epidural steroid injection in 01/2013; however, indicate the patient had 6/10 pain complaints on 01/09/2013 (day before epidural injection) and 6/10 pain on 02/06/2013 (approximately 1 month after the injection). Therefore, the documentation submitted for review is not consistent with the reported of 80% pain relief. California MTUS Guidelines recommend that patients have at least 50% pain relief associated reduction of medication use for 6 to 8 weeks prior to repeat blocks. The documentation submitted for review fails to demonstrate the patient had at least 50% pain relief for 6 to 8 weeks status post the most recent epidural steroid injections. As such, the request for lumbar epidural steroid injection at L4-5 is non-certified.