

Case Number:	CM14-0126928		
Date Assigned:	09/22/2014	Date of Injury:	07/11/2012
Decision Date:	10/27/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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 and Rehabilitation 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 underlying date of injury in this case is 07/11/2012. The date of the initial utilization review under appeal is 08/01/2014. On 07/11/2014, the patient's treating physician saw the patient in reevaluation with ongoing low back pain radiating down both legs with severe numbness and weakness. The patient ambulated with a limp due to pain and was noted to have weakness of his legs. The treating physician indicated he would recommend an epidural injection possibly at L5. No specific physical examination is noted. On 07/09/2014, the patient was seen in pain medicine evaluation with recurrence of low back pain predominantly on the right side and radiating anteriorly to the right side of the abdomen, to the right buttock, and along the lateral aspect of the right lower extremity and approximately down to the calf. The patient reported difficulty with a slow urination and a sense of incomplete voiding. On exam, the patient had a decreased deep tendon reflex on the right at the Achilles, but it was intact at the patella bilaterally. The patient's heel to toe walk was intact and coordinated. Paresthesia was noted in the right L5-S1 dermatome. A right L4-L5 epidural injection was recommended for the diagnosis of lumbar radiculitis. On 05/20/2014, an electrodiagnostic study demonstrated evidence of mild acute right L5 radiculopathy. Previously the patient underwent a right L4-L5 epidural injection on 03/10/2014. An MRI of the lumbar spine of 06/07/2013 demonstrated severe disc space narrowing at L4-L5 with mild to moderate facet arthropathy and mild central canal stenosis. There was moderately severe central bilateral neural foraminal narrowing. On 05/13/2014, the patient was seen by his treating physician. At that time, the patient had ongoing pain which persisted despite past treatment with chiropractic, physical therapy, acupuncture, and also epidural injections x3. The patient planned to continue to consider his options at that time and to consider surgery. Previously on 02/06/2014, a treating physician followup note reported that at that time the patient had a history of a single epidural injection which had reduced his lumbar

radicular symptoms for 6-8 weeks. Subsequently, the patient had a recurrence of radicular symptoms, and a repeat epidural injection was planned at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection right L4-L5: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines states that in the therapeutic phase, repeat blocks should be based on continued objective pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks and a general recommendation of no more than 4 blocks per region per year. The medical records do not clearly discuss specific pain reduction or functional improvement from multiple past epidural injections. Without such documentation of specific benefit from past epidural injections, an additional repeat injection at this time would not be supported by the medical records. The medical records contain very limited discussion of these past epidural injections or the rationale for repeating them at this time. For these multiple reasons, I recommend this request be noncertified.