

Case Number:	CM14-0135869		
Date Assigned:	09/05/2014	Date of Injury:	08/20/2006
Decision Date:	10/21/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/23/2014

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, has a subspecialty in Pain Management, 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 patient is a 50-years-old with an injury date on August 20, 2006. Based on the August 5, 2014 progress report provided by [REDACTED], the diagnoses are a history of L4-L5 disc herniation, and status post discectomy with chronic persistent back and left leg pain. According to this report, the patient complains of lots of back pain that radiates down to the left calf. The patient "had an epidural injection done before surgery which was helpful at lease very temporarily." Dates of previous ESI and surgery were not provided in the report for review. Physical exam reveals the patient is moderately overweight with 75% of normal range of motion. Straight left raise is positive with pain radiates down the left distal calf and ankle. Tenderness is noted along the bilateral lumbar paraspinals muscle, iliolumbar and sacroiliac region. MRI of the lumbar spine on June 29, 2011 reveals 1-2 mm broad-based disc bulge/ disc and mild right neural foraminal narrowing at L3-L4; and 1-2 mm broad-based disc bulge/disc with moderate left and mild right facet hypertrophy and mild right neural foraminal narrowing at L4-L5. There were no other significant findings noted on this report. The utilization review denied the request on August 19, 2014. [REDACTED] is the requesting provider, and he provided treatment reports from April 1 to August 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 lumbar epidural steroid injection (ESI): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI, lumbar: The Medical Treatment Utilization Schedule has the following regarding ESI's, un.

Decision rationale: According to the report by [REDACTED] this patient presents with lots of back pain that radiates down to the left calf. The treater is requesting left L5-S1 lumbar epidural steroid injection. Regarding ESI, the Chronic Pain Medical Treatment Guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat injections, the Chronic Pain Medical Treatment Guidelines requires "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." Review of reports show that the patient has had ESI in the past. Per treater, prior ESI was "helpful at lease very temporarily." However, there were no documentation of at least 50% pain relief with associated reduction of medication. Furthermore, while this patient presents with radiating pain down the left leg, they are not described in any specific dermatomal distribution to denote radiculopathy or nerve root pain. MRI report do not shows specific findings that would corroborate the patient's symptoms. Therefore, the request for a left L5-S1 lumbar ESI is not medically necessary or appropriate.