

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0086048 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 02/08/2013 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 05/27/2014 |
| Priority: | Standard | Application Received: | 06/09/2014 |

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 Internal Medicine and is licensed to practice in 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 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 59 year old male bartender with a date of injury of 02/08/2013. He lifted a heavy keg of beer at work and noted low back pain. On 04/14/2014 he had numbness and tingling of left leg. The patient had a L2-L3 decompression surgery on 09/20/2012. He also had upper back/neck surgeries in 2000 and 2003. He had foot/toe surgeries in 01/14/2011 and 11/09/2012. On 04/14/2014 his left L5-S1 had decreased sensation and motor strength. There was also decreased lumbar range of motion. He was treated with Naprosyn and cyclobenzaprine but drug testing was positive for cannabinoids. On 05/09/2014 he had a lumbar MRI that was reviewed during a 5/12/2014 office visit. He had no started physical therapy. Except in the left L5-S1 (weakness and numbness), reflexes, sensory exam and motor power were all normal. Straight leg rising on the left was positive. The MRI revealed S/P L2-L3 decompression with a left L5-S1 retrolisthesis according to the office note but the MRI report was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION X 1 L2-L3, L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

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

Decision rationale: Please reference the following citation: "Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts." A magnetic resonance imaging (MRI) report was not provided for review. There is insufficient documentation to substantiate the medical necessity for epidural steroid injections. There was no documentation of physical therapy or a home exercise program. There is no documentation of his physical exam prior to the listed date of injury and he had numerous neck, back, and foot surgeries prior to the date of injury. The documentation does not substantiate if there were any findings present prior to the date of injury. Again, ESI "offer no long term functional benefit" as noted above.