

Case Number:	CM14-0098216		
Date Assigned:	09/16/2014	Date of Injury:	08/09/2013
Decision Date:	10/16/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/26/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 53 year old male who was injured on 08/09/2013 while driving his truck from work; he felt burning pain down his back. Prior treatment history has included physical therapy, hydrocodone, tramadol, Vicodin. He has had epidural steroid injection which provided 50-70% of pain relief for at least 6-8 weeks. The patient underwent translaminar epidural injection with fluoroscopic guidance at L5/S1; transforaminal epidural injection on right L5 with fluoroscopic guidance, facet joint injection bilaterally L4-L5, L5-S1; trigger point injections at bilaterally lumbar paraspinal muscles x3 on 01/23/2014. Diagnostic studies reviewed include MRI of the lumbar spine dated 04/28/2014 revealed grade I retrolisthesis at L3-4; moderate canal stenosis and mild bilaterally neural foraminal narrowing at L4-L5; moderate bilaterally neural foraminal narrowing; cyst arising from the left facet joint contacts exiting left L5 nerve root. EMG/NCS dated 1/21/14 showed findings suggestive of chronic L5 nerve root irritation on the right side. Progress report dated 05/20/2014 states the patient presented with complaints of continued low back pain as well as radiating lower extremity pain. On exam, he has diffuse tenderness over the lumbar spine with restricted range of motion of the lumbar spine in forward flexion and side bending to the left. Straight leg raise is positive on the left at 60 degrees and on the right at 80 degrees. He was instructed to return after he has had injections. The patient presented for follow-up on 07/15/2014 after he has received injections, 2 nerve root and 2 facet injections. He reported they helped him for 2 days and he subsequently had recurrent back pain. Prior utilization review dated 05/30/2014 states the request for Retro lumbar epidural steroid injection #2 performed 03/13/2014 is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro lumbar epidural steroid injection #2 performed 03/13/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injection

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that 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. Medical Records reflect the claimant reported two days relief post the epidural steroid injection. This claimant does not meet current treatment guidelines recommendations for repeat epidural steroid injection. He did not have more than 50% pain relief of pain for 6-8 weeks. Therefore, the medical necessity of this request is not established. Therefore the request is not medically necessary.