

Case Number:	CM14-0210039		
Date Assigned:	12/23/2014	Date of Injury:	10/29/2002
Decision Date:	02/19/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 60 year old male with an injury date on 10/29/02. The patient complains of worsening low lumbar pain, which radiates into his bilateral lower extremities per 11/21/14 report. The patient is taking Percocet and Naproxen, and he has discontinued doing exercises/stretchers per 11/21/14 report. The patient has been doing home exercises (stretchiness) but it is not helping much per 10/24/14 report. The patient's initial injury caused right lower extremity pain that goes into the sole of his foot in a S1 type nerve distribution, and then the patient developed left lower extremity pain going down his back into the posterior thigh and stopping there per 9/9/14 report. Based on the 11/21/14 progress report provided by the treating physician, the diagnoses are: 1. displacement of lumbar intervertebral disc without myelopathy, lumbar disc herniation 2. sciatica, bilateral 3. chronic pain syndrome A physical exam on 11/21/14 showed " positive straight leg raise. Obese. tenderness to palpation in lumbosacral area. deep tendon reflexes 2+ and absnet at ankles." No range of motion testing of L-spine was included in provided reports. The patient's treatment history includes medications, epidural steroid injection (helped a little while), home exercise program, EMG/NCV. The treating physician is requesting bilateral lumbar transforaminal epidural steroid injection at L4-5 and L5-S1. The utilization review determination being challenged is dated 12/2/14. The requesting physician provided treatment reports from 6/4/14 to 11/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar transforaminal epidural steroid injection at L4-5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: This patient presents with lower back pain, and bilateral lower extremity pain. The treater has asked for bilateral lumbar transforaminal epidural steroid injection at L4-5 and L5-S1 on 11/21/14. The patient had a prior epidural steroid injection of unspecified date or type that "helped a little while," but the treater states that he does not have any records regarding prior injection per 9/9/14 report. A lumbar MRI dated 11/10/14 showed "at L4-5, a 3mm disc bulge at L4-5 and also left posterolateral 5mm protrusion markedly narrowing right lateral recess although no nerve root compression is evident, prominent L5-S1 degeneration of disc and bulge/osteophyte with facet arthropathy and bilateral foraminal stenosis, and L1-2, L2-3, and L3-4 disc degeneration, bulge and mild bilateral foraminal narrowing." Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to 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. In this case, the patient has subjective pain, exam findings, and MRI confirming radiculopathy along S1 dermatomal distribution. The patient had a prior epidural steroid injection of unspecified date and unspecified location which gave some benefit, but there was no documentation regarding the level or duration of pain relief. MTUS requires a 50% reduction of pain and reduction of medication for 6-8 weeks, which this patient did not have. The requested repeat epidural steroid injection is not medically necessary.