

Case Number:	CM14-0211589		
Date Assigned:	12/24/2014	Date of Injury:	08/19/2013
Decision Date:	02/24/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

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 44 year old female with a work injury dated 8/19/13. The diagnoses include lumbar sprain/strain; lumbar paraspinal muscle spasms; lumbar disc herniations; lumbar radiculitis/radiculopathy of the bilateral lower extremities. Under consideration is a request for a third lumbar epidural injection on right L4-L5. A 7/2/14 operative report indicates that the patient underwent a bilateral L4-L5 transforaminal cannulation lumbar epidural space. Epidurogram showed successful Isovue spread without any obstruction. At this time, a solution containing 2 cc bupivacaine and 1 cc Kenalog 40 mg/cc was infused. A 6/24/14 orthopedic re evaluation states that the patient presents to clinic with continued complaints of lower back pain, which she rates at 7/10 on a pain scale. She continues to experience significant difficulty with prolonged standing, prolonged sitting, and any type of repetitive bending or stooping. The patient is unable to perform any type of heavy lifting. The patient is still currently working with the recommended restrictions for her lower back. She recently received pain medication, with the medication, her pain levels do decrease a little bit. Without medication, the patient has difficulty performing ADL. On physical exam there is no gross deformity, no masses and no swelling. There is slight loss of lumbar lordosis. There is tenderness to palpation over the paraspinal muscles. Positive straight leg raise on the left at 45 degrees. Sensory Exam reveals decreased sensation over the L5 dermatome of the left lower extremity. Reflexes remain 2+. Strength remains 5/5 for the lower extremities. The treatment plan includes a request for a pain management physician for possible L4-5 Epidural. An MRI of the lumbar spine was taken on March 02, 2014 which reveals mild disc desiccation is observed at L4-L5; L4-L5: Focal left paracentral/foraminal disc protrusion

Neutral: 3.3 mm, Flexion: 1.4 mm, Extension: 4.0 mm, Mildly narrows left lateral recess and neural foramen; probable 2.7 cm left adnexal cyst. Pelvic ultrasound is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third lumbar epidural injection on right L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: Third lumbar epidural injection on right L4-L5 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states 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. The documentation does not indicate the outcome of 50% pain relief with associated reduction of medication use for six to eight weeks from the prior injections therefore a request for a third lumbar epidural injection on the right L4-5 is not medically necessary.