

Case Number:	CM14-0214720		
Date Assigned:	01/07/2015	Date of Injury:	04/22/2011
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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 & Rehabilitation

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 43 year old male with an injury date of 04/22/11. Based on the 10/08/14 progress report provided by treating physician, the patient complains of low back pain radiating to lower extremities. Physical examination of the back revealed mild lumbosacral tenderness to palpation. Range of motion was decreased, especially on lumbar flexion. Patient has had 2 injections in the past. Patient current medications include Norco, Soma, Prilosec and Cymbalta. Per treater report dated 10/08/14, the patient is on modified work duty. MRI of the lumbar spine 01/24/14 shows mild disk desiccation. Diagnosis (10/08/14)- Chronic low back pain- Lumbar herniated nucleu pulposus- Lumbar radiculopathy The utilization review determination being challenged is dated 12/09/14. The rationale follows: "direct discrepancy between the 2 providers... files did not indicate that the patient had a reduce need for medication usage or had documented gains in functional abilities" Treatment reports were provided from 08/26/13 to 10/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46, 47.

Decision rationale: The patient presents with low back pain radiating to lower extremities. The request is for lumbar epidural steroid injection. Patient has had 2 injections in the past. Patient current medications include Norco, Soma, Prilosec and Cymbalta. Patient is on modified work duty. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 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." Per progress report date 10/08/14, treater's reason for the request is "to help reduce pain and reduce his dependancy on the analgesic medications." The treater states in progress report dated 10/08/14, the patient obtained 60% reduction in pain following the latest injection. No functional improvement were described following the previous ESI. More importantly, however, the MRI of L-spine only shows disc dessication with no potential nerve root lesions such as HNP or stenosis. The patient has diffuse leg symptoms without dermatomal distribution of pain to show radiculopathy. The request is not medically necessary.