MAXIMUS Federal Services

Case Number:	CM14-0215990		
Date Assigned:	01/06/2015	Date of Injury:	11/01/2007
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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 47 year old male with an injury date of 11/01/07. Based on the progress report 11/10/14 provided by treating physician, the patient complains of lower back pain which radiates into the right lower extremity rated 5-6/10. Patient is status post lumbar ESI on 08/05/14, reports 70 percent improvement in symptoms following previous injection. Physical examination 11/10/14 revealed tenderness to palpation to lumbosacral paraspinal muscles, sacroiliac joint tenderness, and notes positive straight leg raise test on the right. The patient is currently prescribed Vicodin, Tramadol, Ibuprofen, and Flexeril. Patient's current work status is not specified. Diagnostic imaging included MRI of the lumbar spine conducted on 10/02/13, significant findings include:"L4-L5 moderate degenerative disc disease and disc desiccation. Diffuse disc bulge, ligamentum flavum hypertrophy and facet osteoarthritis this results in moderate central canal narrowing with moderate right and severe left neuroforaminal narrowing. L5-S1 mild degenerative disc disease and disc desiccation... broad based posterior disc protrusion resulting in mild central canal narrowing and mild right neuroforaminal narrowing."Diagnosis 11/10/14- Lumbago- Thoracic or lumbosacral neuritis or radiculitis, unspecifiedThe utilization review determination being challenged is dated 11/26/14.Treatment reports were provided from 07/22/13 to 11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1 with Sedation: Overturned

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

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

Decision rationale: The patient presents with lower back pain which radiates into the right lower extremity rated 5-6/10. Patient is status post lumbar ESI on 08/05/14, reports 70 percent improvement in symptoms following previous injection. The request is for Lumbar Epidural Steroid Injection L5-S1 with Sedation. Physical examination 11/10/14 revealed tenderness to palpation to lumbosacral paraspinal muscles, sacroiliac joint tenderness, and notes positive straight leg raise test on the right. The patient is currently prescribed Vicodin, Tramadol, Ibuprofen, and Flexeril. Patient's current work status is not specified. Diagnostic imaging included MRI of the lumbar spine conducted on 10/02/13.MTUS page 46, 47 states that an ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). MTUS further states, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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."In this case, the provider is requesting a repeat lumbar ESI for the management of this patient's chronic lower back pain, following a previous injection on 08/05/14. Per progress note dated 11/10/14, physician states: "He notes 70 percent relief from his pain and requests repeat injections in the future on a PRN basis. The plan is to perform a lumbar ESI every 4 months." It appears that this in fact a prospective request for a repeat injection at a date to be determined. Radiculopathy appears substantiated by 11/10/14 progress report of pain that radiates into the right leg along with a positive straight leg raise test right. Additionally, MRI dated 10/02/13 indicates disc protrusions with nerve abutment at the appropriate levels. Furthermore, the efficacy of previous injections is established by a significant pain reduction lasting 3 months. Therefore, Lumbar Epidural Steroid Injection L5-S1 with Sedation is medically necessary.