

Case Number:	CM15-0039901		
Date Assigned:	03/10/2015	Date of Injury:	04/29/1998
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/03/2015

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 injured worker is a 69 year old male, who sustained an industrial injury on 4/29/98. He reported pain in the neck and back related to a motor vehicle accident. The injured worker was diagnosed as having lumbar radiculopathy and lumbar spondylosis. Treatment to date has included physical therapy, acupuncture, lumbar MRI and pain medications. As of the PR2 dated 11/20/14, the injured worker reports increased back pain over the last 2-3 months that is affecting his activities of daily living. The treating physician noted a 90-100% pain relief with a previous cervical facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar selective epidural right L4-5: Upheld

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

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

Decision rationale: The patient presents with lower back pain rated 3-7/10 which radiates into the right lower extremity. The patient's date of injury is 04/29/98. Patient is status post unspecified injections directed at his lumbar spine complaint, though it is not clear exactly what kind. The request is for LUMBAR SELECTIVE EPIDURAL RIGHT L4-5. The RFA was not provided. Physical examination dated 11/20/14 reveals minimal tenderness to the inferior lumbar spine, non-tender lumbar paraspinal muscles, and negative straight leg raise test bilaterally. The patient is currently prescribed Toradol, Lyrica, and an unspecified opioid from a separate provider. Diagnostic imaging include lumbar MRI dated 01/06/15, significant findings include: "A small broad based posterior disc protrusion at L4-L5 combines with fairly severe bilateral facet arthrosis to create moderate to severe overall spinal stenosis; on the right greater than the left." Patient is currently retired. 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 treater is requesting what appears to be a repeat lumbar ESI but is not precisely clear on the location or nature of previous injections. Progress note dated 11/20/14 states: "he has had previous injections, acupuncture, and physical therapy but this did not help to any great extent", suggesting that this patient has had previous lumbar ESI to no effect. The same progress note does provide specific radicular pain symptoms to a discrete right lower extremity dermatome, but also includes conflicting negative straight leg raise tests bilaterally. Lumbar MRI dated 01/06/15 does show discopathy with stenosis at the appropriate levels. While lumbar ESI's are considered appropriate for this patient's chief complaint, the unclear history of injections with no documented efficacy is cause for concern. Given the lack of previous lumbar ESI benefits, this repeat injection cannot be substantiated. The request IS NOT medically necessary.