

Case Number:	CM13-0027798		
Date Assigned:	12/11/2013	Date of Injury:	01/24/2008
Decision Date:	12/17/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert reviewer is Board Certified in Orthopedic Spine Surgeon and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old year old who reported an injury on 01/24/2008. The mechanism of injury as not documented in the clinical notes. The injured worker's diagnoses included back pain, radiculitis, and lumbar radiculopathy. The injured worker's past treatments included physical therapy and epidural steroid injections. There was no official diagnostic imaging studies submitted for review. The surgical history included back surgery in 2008. The subjective complaints on 06/10/2013 included low back pain that radiates down to the left leg and into the left foot. The patient describes the pain as throbbing, aching, and tingling. The patient rates the pain 4/10. The physical exam findings noted positive straight leg raise. The lumbar range of motion is slightly decreased. The sensory exam noted decreased sensation on the left S1 dermatome and on the left L5 dermatome. It is also noted that the patient had a previous epidural steroid injection at the L5-S1 level and had 2 to 3 months of pain relief. The injured worker's medications were noted to include Cymbalta, Flomax, Lipitor, Prilosec, Topamax, and ibuprofen. The treatment plan was to have a repeat transforaminal epidural steroid injection at the L5-S1 level. A request was received for repeat outpatient transforaminal lumbar epidural steroid injection at the left L5-S1 level. The rationale for the request was to decrease the patient's pain. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Outpatient Transforaminal (Tf) Lumbar Epidural Steroid Injection (ESI) at Left L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.dir.ca.gov/t8/ch4_5sbla5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Page(s): 46.

Decision rationale: The California MTUS Guidelines state regarding epidural steroid injections 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 usage for 6 to 8 weeks. The clinical notes did document that the patient had 2 to 3 months relief with the previous epidural steroid injection. However, there was no percentage of pain relief documented in the clinical notes. Additionally, there was a lack of documentation of reduction in use of pain medications and functional improvement with the previous epidural steroid injection. In absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.