

Case Number:	CM13-0028332		
Date Assigned:	11/27/2013	Date of Injury:	09/28/2011
Decision Date:	02/12/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 physician 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:

This patient reported a date of injury of 9/28/11. A utilization review determination dated 9/17/13 recommends modification of bilateral transforaminal lumbar epidural steroid injection L5-S1 to transforaminal lumbar epidural steroid injection L5-S1 left-sided due to the MRI and EMG findings showing left-sided pathology. A progress report dated 8/29/13 identifies subjective complaints including 9/10 pain with 50% pain improvement with medications. Chronic lumbar spine pain that affects both lower extremities, right somewhat greater than left. The patient is wondering if the procedure could be repeated as it did make a difference with the leg pain in particular. Objective examination findings identify ambulation slightly favoring the right lower extremity with slightly diminished strength on the right in comparison to the left. Straight leg raise on the right is positive for pain referring into the posterior right leg to the calf on the left through the posterior thigh. Diagnoses include chronic lumbar spine and lower extremity pain and radiculopathy. Treatment plan recommends lumbar epidural steroid injection as that was helpful in reducing all the pain up to 50% for several months. The last one was administered in February and that has worn off now. The provider is requesting authorization to proceed with a repeat targeting L5-S1 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral transforaminal lumbar epidural steroid injection L5-S1: 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 Page(s): 46.

Decision rationale: Regarding the request for bilateral transforaminal lumbar epidural steroid injection L5-S1, California MTUS cites that 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. Within the documentation available for review, there is documentation of up to 50% pain relief for several months. However, the documentation does not identify any significant functional improvement and reduction of medication use in conjunction with the pain relief. In the absence of such documentation, the currently requested bilateral transforaminal lumbar epidural steroid injection L5-S1 is not medically necessary.