

Case Number:	CM13-0029086		
Date Assigned:	03/17/2014	Date of Injury:	02/06/2006
Decision Date:	05/29/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine & Rehabilitation 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:

This is a 72 year old female patient s/p injury 2/6/06. The patient was tripped by a student and fell, injuring her knee, cervical, thoracic, and lumbar spine. 3/12/14 progress note stated that the patient has no change of symptoms. She continues to complain of low back pain down to the left leg with numbness and tingling. The patient underwent a bilateral L4-5 transforaminal epidural injection 10/21/13. A 2/19/14 note does not indicate response to the injection. 1/27/14 note does not indicate response to injection. 1/22/14 spine consultation note states that the patient has had epidural injections with temporary relief. 11/21/13 progress note states that the patient is s/p lumbar transforaminal injection with 50% pain relief in low back and 60% relief in legs. Medication use has decreased by approximately 90%. There is a moderate increase in activity level. Other treatments have included activity modification, medication, and therapy. Final Determination Letter for IMR Case Number CM13-0029086 3 There is a 9/16/13 adverse determination due to lack of documentation of outcomes from previous ESI including duration of relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-5 TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs)..

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

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. This patient is noted to have had a bilateral L4-5 transforaminal epidural steroid injection on 10/21/13. 11/21/13 progress note states that the patient is s/p lumbar transforaminal injection with 50% pain relief in low back pain and 60% pain relief in legs. Medication use has decreased by approximately 90%. However, there is no note of the duration of relief and duration of benefits. There must be at least six to eight weeks of benefit to substantiate another injection. The request is not medically necessary.