

Case Number:	CM13-0031803		
Date Assigned:	06/06/2014	Date of Injury:	01/15/2010
Decision Date:	08/27/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/26/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 51-year-old male with a reported date of injury on 01/15/2010. The mechanism of injury was noted to be a lifting injury. His diagnoses were noted to include lumbosacral disc disease with chronic back pain to the L2-3. His previous treatments were noted to include lumbar epidural injection and medications. The progress note dated 08/09/2013 revealed the injured worker complained of ongoing low back pain that radiated down his right lower extremity. The injured worker reported he was not exercising regularly and was working 4 days out of the week. The injured worker stated that he just does not have and he considers his work exercise. The injured worker revealed in 09/2011 he received an injection to his back and remembered it helped with the leg pain and pain that flared, and would like another one. The objective findings revealed positive tenderness to the lumbar paraspinal muscles, more so on the right and a positive right leg raise test. The progress note dated 01/23/2014 revealed the injured worker received a lumbar epidural injection on 12/13/2013. The injured worker reported it decreased his right leg pain and his low back pain by about 55%. The injured worker revealed his pain was 5/10 before the medication and down to about 3/10 with medication. The injured worker revealed he was at 4/10 and was working fulltime. The physical examination revealed the injured worker could walk on his heels and toes and the strength of his lower extremities was good bilaterally. The progress note dated 04/17/2014 revealed the injured worker was still working 32 hours a week [REDACTED] and felt okay as long as he was taking his medications. The injured worker revealed his pain was primarily in his low back and it went from 5/10 to 2/10 to 3/10. The provider revealed an unofficial MRI from 03/31/2010 demonstrated multilevel disc protrusions at L2-3 and L5-S1 with facet changes and foraminal stenosis at L5-S1. The Request for Authorization form was not submitted within the medical records. The request is for a right S1 transforaminal epidural steroid injection for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS Page(s): 46.

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

Decision rationale: The request for a right S1 transforaminal epidural steroid injection is not medically necessary. The injured worker had a previous epidural steroid injection in 12/2013. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborated findings of radiculopathy). The guideline criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injection should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region, per year. There is a lack of medical findings consistent with lumbar radiculopathy to warrant a S1 transforaminal epidural steroid injection. There is a lack of documentation regarding a positive straight leg raise, decreased sensation, decreased strength, and decreased reflexes in a specific dermatomal distribution. Additionally, the request did not state fluoroscopy for guidance. Therefore, the request is not medically necessary.