

Case Number:	CM13-0037806		
Date Assigned:	12/18/2013	Date of Injury:	04/02/2013
Decision Date:	04/14/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

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 53 year-old male patient sustained a low back injury while helping a co-worker with a linen bag on 4/2/13 while employed by Aramark. Request under consideration include BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTIONS AT L5-S1. Report of 10/2/13 from a provider noted the patient with low back pain in right side with occasional right posterolateral thigh and calf discomfort; and bilateral knee discomfort, left foot pain with numbness. Tylenol and Advil have not provided relief. Exam showed functional range of motion in the neck and lumbar spine; functional mobility without knee deformity; normal gait without difficulty performing heel to toe walk and sit to stand; intact motor strength in the extremities; and nonfocal neurological exam. MRI dated 5/31/13 of the lumbar spine showed mild anterolisthesis at L4-5; broad-based disc protrusion with facet hypertrophy at L5 with moderate canal and neural foraminal stenosis. Diagnoses included back strain, lumbosacral and lumbago. Treatment included continuing with home exercise program; trial of gabapentin; schedule for LESI on 10/3/13; modified work activity with 5 pounds limitation. The request for the above repeat bilateral Transforaminal Epidural steroid injections at L5-S1 was non-certified on 10/14/13 citing guidelines criteria and lack of medical necessity. Per review, report dated 10/23/13 noted the patient had an L5-S1 transforaminal ESI on 10/3/13 and report no improvement or response with unchanged low back pain and left lower extremity sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTIONS AT L5-S1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 46..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESI) Page(s): 46..

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Although the patient has radicular symptoms, the clinical findings were without neurological deficits and, in order to repeat a LESI 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. Submitted reports identified no response or improvement from the LESI done on 10/3/13. As the patient has unchanged symptom severity, unchanged clinical findings, without decreased in medication profile or treatment utilization, or functional improvement described in terms of increased work status or activities of daily living, criteria to repeat the LESI have not been met or established. The bilateral transforaminal ESIs at L5-S1 are not medically necessary and appropriate.