

Case Number:	CM13-0038209		
Date Assigned:	12/18/2013	Date of Injury:	04/10/2012
Decision Date:	06/19/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/25/2013

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 47 year old male with a date of injury on 4/10/2012. Diagnoses include low back pain, sciatica, and lumbar degenerative disease at L4-5 and L5-S1 with neural foraminal narrowing. The subjective complaints are of low back pain and right buttock pain. Prior pain in the right leg resolved with steroid epidural injections. Physical exam shows lumbar tenderness, intact mobility, and negative straight leg raise test, with normal motor strength, reflexes, and sensation. The patient's treatment has consisted of physical therapy, NSAID's for pain, lumbar facet injections and a transforaminal epidural steroid injection on 1/22/2013. The submitted medical records from 7/30/2013 note that the patient has continued to have improvement from epidural injections and that the radicular pain was alleviated.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5 TRANSFORAMINAL ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS notes that the purpose of epidural steroid injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. While for diagnostic purposes, a maximum of two injections can be performed if there is inadequate response to the first block. An inadequate response (ODG ESI chapter) of <30% would not warrant a second ESI. For therapeutic injections, repeat blocks should be based on continued objective pain relief and functional improvement, including at least 50% improvement for 6 to 8 weeks. This patient had a previous injection that provided pain relief and functional improvement. Most recent encounter notes did not identify physical findings that were consistent with an L5 radiculopathy. Although the patient may have previously benefited from lumbar epidural steroid injections, there are no current physical findings that support a L5 injection. For this reason, the medical necessity of a repeat ESI has not been established at this time.