

Case Number:	CM13-0038409		
Date Assigned:	12/18/2013	Date of Injury:	12/02/2010
Decision Date:	06/03/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/01/2013

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 Pain Medicine and is licensed to practice in Texas. 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 64 year old female who reported an injury on 12/02/2010. The mechanism of injury was not reported. Per the 10/15/2013 clinical note, the injured worker reported low back pain radiating down the anterior thigh with weakness in the left leg. Physical exam findings included decreased sensation over the left anterior thigh and positive straight leg raise at 45 degrees. The injured worker had a previous left L2, 3, 4 transforaminal epidural steroid injection on 01/04/2012 which she stated provided significant pain relief. An epidural steroid injection performed in September 2012 gave the injured worker approximately five months of pain relief. A third set of injections was performed on 03/06/2013 which provided about one month of relief. An unofficial MRI performed on 08/06/2013 showed mild bilateral neuroforaminal narrowing at L2-3, L3-4, and L4-5. Other treatments included physical therapy and pain medications. The injured worker was recommended for repeat left transforaminal epidural steroid injections at L2, 3, and 4. The request for authorization form was submitted on 08/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TRANSFORAMINAL ES1 L2, 3 & 4 - 3 LEVELS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for left transforaminal epidural steroid injections at L2, 3, and 4 is non-certified. The CA MTUS guidelines state the following criteria for the use of epidural steroid injections: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; pain must be initially unresponsive to conservative treatment; injections should be performed using fluoroscopy for guidance; no more than two nerve root levels should be injected using transforaminal blocks; and 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. Per the 10/15/2013 clinical note, the injured worker had a transforaminal epidural steroid injection on 03/06/2013. The injured worker reported her symptoms returned after 4 weeks. The amount of pain relief was not quantified. There was no documentation of reduced medication use or functional improvement to warrant a repeat injection. In addition, the request for 3 levels exceeds guideline recommendations of no more than 2 levels. It was also not specified if fluoroscopy would be used. As such, the request for left transforaminal epidural steroid injections at L2, 3, and 4 is not medically necessary.