

Case Number:	CM13-0038818		
Date Assigned:	12/18/2013	Date of Injury:	01/14/2012
Decision Date:	03/24/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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 59 year old male who was injured on 1/14/12. He has been diagnosed with lumbar disc displacement without myelopathy and lumbosacral spondylosis. On 9/3/13, a [REDACTED] Utilization Review recommended non-certification for the bilateral transforaminal epidural steroid injections at L4/5 as well as the associated myelography and epidurogram, due to suboptimal response to the prior injection on 7/9/13. According to the 8/13/13 report from [REDACTED], the patient presents with chronic back pain. [REDACTED] notes the patient had a recent LESI on 7/9/13 and the pain is gradually worsening, but not back to baseline yet. He is at 20% relief now, and the back pain radiates down both lower extremities. On 10/1/13, [REDACTED] clarifies the request, stating the patient had relief with the LESI on 7/9/13, but the pain has gradually returned, to the point that on 8/13/13 he was only receiving 20% benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal epidural steroid injection at L4-5, myelography and epidurogram under fluoroscopy with IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient presents with chronic back pain and bilateral leg pain. The patient had a lumbar ESI on 7/9/13 which reportedly helped for short term relief. The medical records provided for review indicate that the patient's pain started to return to the point that at 5-weeks post-injection, on 8/13/13, the pain relief was only 20%. The MTUS Chronic Pain Guidelines' criteria for repeat epidural injections state: "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, with a general recommendation of no more than 4 blocks per region per year." The report shows that the patient did not have 50% pain relief for 6-8 weeks. The patient was at 20% and worsening by the 5th week. There was no reduction in medication use. The MTUS Chronic Pain Guidelines' criteria have not been met. Consequently, request is not medically necessary and appropriate.