

Case Number:	CM13-0040477		
Date Assigned:	02/20/2014	Date of Injury:	06/10/2012
Decision Date:	04/24/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/10/2013

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, 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 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 is a 49 year-old male with a 6/10/12 industrial injury claim. The 9/18/13 pain management report from [REDACTED] office lists the diagnosis as right S1 radiculopathy, and states the patient presents with right leg pain, heaviness in right calf, numbness right lateral foot, right buttock pain. [REDACTED] notes the patient just had an LESI on 7/15/13 with only short-term 2-3days minimal pain relief. The patient denies any benefit from the LESI. The treatment plan was to repeat the right S1 ESI and if there is still no benefit, then no further injections would be ordered. The 8/6/12 MRI shows L4/5 left paramedian disc protrusion compressing the left L5 intrathecal nerve root and contacts the roo as it emerges from the thecal sac. At L5/S1 there is a small right posterolateral protrusion contacting and minor displacement of the right S1 nerve root. The 7/15/13 operative report is for a right S1 transforaminal ESI.

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 WITH FLUOROSCOPY: Upheld

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

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

Decision rationale: The patient presents with right buttock pain and right calf and lateral foot pain and paresthesia. MRI shows left-side L5 root compression and right-side S1 nerve displacement from disc protrusions. The patient underwent a right-side S1 ESI on 7/15/13 and states there was minimal change lasting 2-3 days, and he denies any benefit from the injection. MTUS states that 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. The patient failed the previous injection and there is no reason to repeat the same level. The request is not in accordance with MTUS guidelines.