

Case Number:	CM13-0042257		
Date Assigned:	01/15/2014	Date of Injury:	06/06/2008
Decision Date:	03/25/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

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 Pain Management 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:

This is a patient with a date of injury of 6/6/08. A utilization review determination dated 10/18/13 recommends non-certification of bilateral L4 and L5 transforaminal ESI and bilateral L4-5 and L5-S1 facet injection. 10/4/13 lumbar spine MRI report identifies DDD at L4-5 s/p right-sided laminotomy with subtle annular bulge but no recurrent central canal or neural foraminal narrowing. DDD L5-S1 with annular bulge and small central protrusion at L5-S1 without central canal or neural foraminal narrowing. 10/4/13 office visit note identifies that, after review of the MRI, the patient wants to try injections before a 1-2 level lumbar fusion. 9/30/13 office visit note identifies low back, buttocks, and hip pain. Exam findings include mild lumbar extension and rotation range loss with tenderness at L4-5 and L5-S1, sciatic notch, and SI joint. SLR is negative. Treatment to date has included PT and NSAIDs. The provider notes that facet joint or epidural injections may be indicated as they have helped quite a bit in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state 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, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. The provider indicated the prior injections have helped, but there is no documentation of functional improvement and at least 50% pain relief with associated reduction of medication use for six to eight weeks following prior injections. The request for bilateral L4-L5 transforaminal epidural steroid injection is not medically necessary and appropriate.