

Case Number:	CM13-0045981		
Date Assigned:	12/27/2013	Date of Injury:	06/08/2010
Decision Date:	04/21/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/13/2013

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 and Rehabilitation 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 55 year-old patient sustained a repetitive trauma injury on 6/8/10 while employed by [REDACTED]. Request under consideration include REPEAT BILATERAL L3 TRANSFORAMINAL ESI TO LUMBAR SPINE. MRI of the lumbar spine dated 11/7/11 showed multi-level disc disease without canal or neural foraminal stenosis. AME report of 12/7/11 noted the patient having had previous epidural steroid injections without response or benefit. Report from the provider noted patient with persistent low back pain radiation to both legs. Exam noted decreased sensation at bilateral L3. It was noted previous epidural steroid injection done in April/May had 60% relief; however, reports from 5/31/13 and 7/12/13 had no notation of pain relief in VAS rating, improved function, decrease in medication intake or return to work status documented. On 10/28/13, the request for repeat bilateral L3 transforaminal ESI was non-certified citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT BILATERAL L3 TRANSFORAMINAL ESI TO LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. In addition, to repeat a LESI 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, not provided. Submitted reports have not demonstrated any functional improvement derived from the previous LESI. AME has also noted no functional benefit from prior injection treatment. Criteria for repeating the LESI have not been met or established. The repeat bilateral L3 transforaminal esi to lumbar spine is not medically necessary and appropriate.