

Case Number:	CM13-0048567		
Date Assigned:	03/31/2014	Date of Injury:	11/29/2010
Decision Date:	05/09/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/06/2013

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 Anesthesiology, and Pain Medicine and is licensed to practice in Florida. 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 56 year-old male who reported an injury on 11/29/2010; the mechanism of injury was not provided in the medical records. The injured worker had a diagnosis of lumbar radiculopathy. The injured worker reported chronic back pain. The clinical note dated 08/05/2013 noted the injured worker returned with complaints of low back pain radiating into the right lower extremity. A few weeks prior the injured worker underwent a repeat epidural steroid injection; in the past the injured worker reported excellent relief from epidural steroid injections. The injured worker reported he had a few days of excellent relief but quickly returned back to baseline. Upon examination there was no apparent loss of coordination, there was right sided lumbosacral paraspinous tenderness, and a positive straight leg test on the right. He has an upright posture and a mildly antalgic gait with some complaints of pain with extension of the low back. The physician indicated and unofficial MRI showed large disc protrusions at the L3-4 and the L5-S1 touching the exiting L3, L4 and L5 root level. The request for a right side transforaminal epidural injection at L3-L4 under fluoroscopy and anesthesia and a right side transforaminal epidural injection at L4-L5 under fluoroscopy and anesthesia was submitted on 08/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SIDE TRANSFORAMINAL EPIDURAL INJECTION AT L3-L4 UNDER FLUOROSCOPY AND ANESTHESIA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: The California MTUS guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines note injured workers must be initially unresponsive to conservative treatment. The guidelines note no more than one interlaminar level should be injected in one session. MTUS guidelines note 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 MTUS guidelines note there is a general recommendation of no more than 4 blocks per region per year. The documentation submitted for review fails to adequately document significant objective findings of radiculopathy upon physical exam. Based on the medical records provided for review, the provider did not include the official MRI report within the documentation. It was noted the injured worker received prior epidural steroid injections; however, the provider failed to provide adequate documentation of significant objective functional improvement and it was unclear at what location the injections were previously administered. It was unclear if the injured worker had at least 50% pain relief with associated reduction of medication use for six to eight weeks. The request for right side transforaminal epidural injection at L3-L4 under fluoroscopy and anesthesia is not medically necessary and appropriate.

RIGHT SIDE TRANSFORAMINAL EPIDURAL INJECTION AT L4-L5 UNDER FLUOROSCOPY AND ANESTHESIA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: The California MTUS guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines note injured workers must be initially unresponsive to conservative treatment. The guidelines note no more than one interlaminar level should be injected in one session. MTUS guidelines note 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 MTUS guidelines note there is a general recommendation of no more than 4 blocks per region per year. The documentation submitted for review fails to adequately document significant objective findings of radiculopathy upon physical exam. Based on the medical records provided for review the provider did not include the official MRI report within the documentation. It was noted the injured worker received prior epidural steroid injections; however, the provider failed to provide adequate documentation of significant objective functional improvement and it was unclear at what location the injections

were previously administered. Furthermore, it was unclear if the injured worker had at least 50% pain relief with associated reduction of medication use for six to eight weeks. The request for a right side transforaminal epidural injection at L3-L4 under fluoroscopy and anesthesia is not medically necessary and appropriate.